



# Application for Copy of West Virginia Death Certificate

Please print except where signature is required.

The following pertains to information that would be found on the certificate being requested.

Name of person on the certificate

Date of Death

\_\_\_\_\_  
First Middle Last Month/Day/Year

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Sex:  Male  Female

The information below pertains to the person requesting the certificate.

Requestor's Relationship: Parent  Guardian or agent  Grandparent   
Child of decedent  Spouse

Other  (Describe) \_\_\_\_\_

**Making false statements and misuse of vital records will result in criminal and civil penalties pursuant to WV Code §16-5-38.**

\_\_\_\_\_  
Signature (Required) Printed Name (Required)

Reason for request: \_\_\_\_\_

Enclosed is \$ \_\_\_\_\_ for \_\_\_\_\_ copies at \$12.00 per copy.

Please send check or money order. Please do not send cash.  
Make checks payable to: Vital Registration

Send copies to: **Print** your address below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_  
Area Code Your daytime telephone number:

\_\_\_\_\_  
City State Zip E-Mail address

Submit form with check or money order to:

Vital Registration  
Room 165  
350 Capitol Street  
Charleston, WV 25301-3701

Telephone: (304) 558-2931