## PERMISSION SLIP

Only the brother, your sister, parent, grandparent, grandchild, spouse, or child of the person named on the birth may get the certificate from us. In order for us to release the certificate to someone else, we require the **person** on the certificate (or his/her **mother** or **father** for minor children) fax to us a permission slip allowing a specific person to pick it up for them.

Once we receive the permission slip, the person picking up the certificate will have to present his or her photo-ID to pick the certificate up.

## The permission slip must have

- The first and last name of the person receiving permission
- The certificate holder's mother's and father's names, date of birth, city and county of birth
- The signature of the person granting permission and the date
- A legible copy of the **PHOTO-ID** of the person granting permission

You may use the included permission slip form to submit the required information to our office.

Please use the following contact information below.

Our Fax Number: (304) 558-8001

Our Voice Number: (304) 558-2931

Thank You for Your Cooperation

## **Authorization To Obtain Certificate**

| I,                                    |                                   | e my permission fo     |
|---------------------------------------|-----------------------------------|------------------------|
| Person Granting Permission            | n                                 |                        |
|                                       |                                   | To                     |
| First and last names of the person re | eceiving permission to obtain the | certificate from Vital |
| Obtain (my/my                         | _                                 | th certificate.        |
| Signature of Permission Grantor       |                                   | Date Signed            |
| Bir                                   | th Informati                      | on                     |
| Name on the certificate               |                                   |                        |
| Date of birth (Month)                 | (Day)                             | (Year)                 |
| City of birth                         | County<br>of Birth                |                        |
| Mother's<br>First Name                | Mother's<br>Maiden<br>Name        |                        |
| Father's<br>First Name                | Father's<br>Last<br>Name          |                        |

This form must include a copy of the permission grantor's Photo ID for Vital Registration to release the record. The photo-ID must be legible!