

CABELL COUNTY APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS

BIRTH CERTIFICATE

FULL NAME AT BIRTH _____

DATE OF BIRTH _____

FATHER'S NAME _____

MOTHER'S MAIDEN NAME _____

DEATH CERTIFICATE

FULL NAME OF DECEASED _____

DATE OF DEATH _____

MARRIAGE CERTIFICATE

FULL NAME OF GROOM _____

FULL MAIDEN NAME OF BRIDE _____

DATE OF MARRIAGE _____

THE CERTIFICATE ABOVE IS (PLEASE CHECK ONE OF THE FOLLOWING):

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> MY OWN | <input type="checkbox"/> GRANDPARENT | <input type="checkbox"/> SON-IN-LAW |
| <input type="checkbox"/> MY CHILD | <input type="checkbox"/> GRANDCHILD | <input type="checkbox"/> DAUGHTER-IN-LAW |
| <input type="checkbox"/> MY PARENT | <input type="checkbox"/> STEP PARENT | <input type="checkbox"/> LEGAL REPRESENTATIVE (attach copy) |
| <input type="checkbox"/> MY SPOUSE | <input type="checkbox"/> STEPCHILD | <input type="checkbox"/> AUTHORIZED AGENT (attach copy) |
| <input type="checkbox"/> MY SISTER | <input type="checkbox"/> FATHER-IN-LAW | <input type="checkbox"/> ATTORNEY: (attach letter) |
| <input type="checkbox"/> MY BROTHER | <input type="checkbox"/> MOTHER-IN-LAW | (EXPLAIN) _____ |

WARNING: MAKING A FALSE APPLICATION FOR A VITAL RECORD IS A FELONY UNDER STATE AND FEDERAL LAW

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNATURE OF APPLICANT (PLEASE SIGN, PRINT AND DATE)

PHONE

MAILING ADDRESS (PLEASE PRINT)

APPLICATION MUST HAVE COPY OF YOUR PHOTO ID ATTACHED (STATE ISSUED DRIVER'S LICENSE OR IDENTIFICATION CARD).

FEE OF \$5.00 PER CERTIFICATE MUST BE ENCLOSED. CHECKS PAYABLE TO:

PHYLLIS SMITH, CABELL COUNTY CLERK 750 5th Avenue – Suite – 108 Huntington, WV 25701