

WOOD COUNTY APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS

Return to: Wood County Clerk, PO Box 1474, Parkersburg, WV, 26102

IDENTIFICATION REQUIRED - Please attach a copy of your Driver's License or State Issued ID

BIRTH CERTIFICATE

FULL NAME AT BIRTH: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S FULL (MAIDEN) NAME: _____

DEATH CERTIFICATE

FULL NAME OF DECEASED: _____

DATE OF DEATH: _____

MARRIAGE CERTIFICATE

FULL NAME OF GROOM: _____

NAME OF BRIDE (MAIDEN): _____

DATE OF MARRIAGE: _____

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

- | | | |
|------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------|
| MY OWN | GRANDPARENT | I AM AN AUTHORIZED AGENT, ATTORNEY LEGAL
DETERMINATION OF PERSONAL OR LEGAL
REPRESENTATIVE OF THE PERSON LISTED ABOVE |
| MY CHILD | STEP-PARENT | |
| MY SISTER | STEP-CHILDREN | |
| MY BROTHER | MOTHER-IN-LAW | |
| MY SPOUSE | FATHER-IN-LAW | |
| MY PARENT | SON-IN-LAW | |
| GRANDCHILD | DAUGHTER-IN-LAW | |

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. DATE: _____

APPLICANT'S SIGNATURE

APPLICANT'S FULL MAILING ADDRESS

PRINT/TYPE APPLICANT'S NAME

