

**WETZEL COUNTY APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS**  
**Return to: Wetzel County Clerk, PO Box 156, New Martinsville, WV 26155**

IDENTIFICATION REQUIRED ID # if applicable \_\_\_\_\_

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**BIRTH CERTIFICATE**

FULL NAME AT BIRTH: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
FATHERS NAME: \_\_\_\_\_  
MOTHER'S FULL (MAIDEN) NAME: \_\_\_\_\_

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**DEATH CERTIFICATE**

FULL NAME OF DECEASED: \_\_\_\_\_  
DATE OF DEATH: \_\_\_\_\_

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**MARRIAGE CERTIFICATE**

FULL NAME OF GROOM: \_\_\_\_\_  
NAME OF BRIDE (MAIDEN): \_\_\_\_\_  
DATE OF MARRIAGE: \_\_\_\_\_

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

|            |                 |  |
|------------|-----------------|--|
| MY OWN     | GRANDPARENT     | I AM AN AUTHORIZED AGENT, ATTORNEY OF<br>LEGAL DETERMINATION OR PERSONAL OR LEGAL<br>REPRESENTATIVE OF THE PERSON LISTED<br>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

\_\_\_\_\_  
PRINT/TYPE APPLICANT'S NAME

\_\_\_\_\_  
DEPUTY CLERK

\_\_\_\_\_  
APPLICANT'S FULL MAILING ADDRESS