**Hampshire County, WV - Application for Certified Copies of Vital Records**

Eric W. Strite, Clerk

304.822.5112

**Certificate Requested - $5 each certificate:**

* **\_\_\_\_Birth Certificate**

What is your relationship to the person named on the **Birth certificate**? (Check one)

Self \_\_ Mother \_\_ Father\_\_ Child\_\_ Current Spouse\_\_ Sibling\_\_ Grandparent\_\_

Grandchild\_\_ Guardian or Agent\_\_\_

**BIRTH** **Number of copies: \_\_\_\_\_**

Name at Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Full Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **\_\_\_\_Marriage Certificate**

What is your relationship to the person(s) named on the **Marriage certificate**? (Check one)

Bride \_\_ Groom \_\_ Adult Child of Marriage\_\_ Adult Grandchild of Marriage\_\_

Guardian or Agent\_\_\_

**MARRIAGE**  **Number of copies: \_\_\_\_\_**

Full Name of Groom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Maiden or Name before marriage of Bride: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **\_\_\_\_Death Certificate (for Fetal Death: \_\_\_ Mother\_\_ Father\_\_ Legal representative\_\_# copies\_\_\_)**

What is your relationship to the person named on the **Death certificate**? (Check one)

Mother \_\_ Father\_\_ Child of decedent\_\_ Current Spouse\_\_ Grandparent\_\_

Guardian or Agent\_\_ Other (Describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEATH**  **Number of copies: \_\_\_\_\_**

Name of Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Making false statements and misuse of vital records will result in criminal and

Civil penalties pursuant to WV Code § 16-5-38.

* **By my signature below, I certify that the information provided above is true, accurate & complete.**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ***\*\*BY MAIL\*\**** *-* Please mail payment ($5 for each certificate) and a copy of Photo ID

along with a letter size appropriate addressed return envelope with sufficient postage to:

 Hampshire County Clerk, PO Box 806, 19 E Main St., Romney, WV 26757

***Office Use*: Type of ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Book \_\_\_\_\_ Page \_\_­­­\_\_\_\_ Instrument # \_\_\_\_\_\_\_\_\_\_ Misc Fee # \_\_\_\_\_\_\_\_\_\_\_**

***Office Use*: Paid by: Cash \_\_\_\_ or Check # \_\_\_\_\_ Date certificate(s) was mailed or picked up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**