

WOOD COUNTY APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS

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

IDENTIFICATION REQUIRED ID # if applicable: _____

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 OF
LEGAL DETERMINATION OR 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

PRINT/TYPE APPLICANT'S NAME

DEPUTY CLERK

APPLICANT'S FULL MAILING ADDRESS