



**WAYNE COUNTY, WEST VIRGINIA**  
**Application for Certification of a Vital Record**

The fee for each certification of a vital record is \$5.00  
Please make check or money order payable to:

**Wayne County Clerk**

Name of Requester: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(person requesting the certificate)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is your relationship to the person named on the certificate? (Check one) ☐ Self ☐ Mother ☐ Father  
☐ Child ☐ Current Spouse ☐ Sister ☐ Brother ☐ Maternal Grandparent ☐ Paternal  
Grandparent ☐ Legal Guardian (submit custody order) ☐ Other (Specify) \_\_\_\_\_

I understand that making a **FALSE** application for a vital record is a **FELONY** under state and federal law.

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** The person requesting the vital record must submit a copy of their identification. See list on reverse side.

**BIRTH CARDS ARE NO LONGER AVAILABLE**

**BIRTH**

Number  
of Copies: \_\_\_\_\_

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

*If name has changed since birth due to adoption, court order, or any reason  
other than marriage, please list changed name here:*

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

Place of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_  
(City/County in West Virginia)

Full Maiden Name of Mother: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

**DEATH**

Number  
of Copies: \_\_\_\_\_

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

Date of Death: \_\_\_\_\_ Age at Death: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Hospital: \_\_\_\_\_  
(City/County in West Virginia)

Full Maiden Name of Mother: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

**MARRIAGE**

Number  
of Copies: \_\_\_\_\_

Full Name of Husband: \_\_\_\_\_

Full Name of Wife: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Place: \_\_\_\_\_

Place where license was issued: \_\_\_\_\_

Please indicate the address you wish the certificate(s) mailed to in the box below. -- Please type or print clearly.

Name
Address
City/State/Zip

Send Completed Application To:

Wayne County Clerk  
P.O. Box 248  
Wayne, WV 25570  
(304) 272-6362  
(304) 272-5318 (Fax)  
renickbooth@waynecountywv.org