

**BARBOUR COUNTY APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS**

**\*\*PLEASE ATTACH A COPY OF YOUR STATE ISSUED DRIVERS LICENSE\*\***

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BIRTH CERTIFICATE **\$5.00 EACH COPY** NUMBER OF COPIES \_\_\_\_\_

FULL NAME AT BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S FULL (MAIDEN) NAME: \_\_\_\_\_

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DEATH- **\$5.00 dollars** OR DISCHARGE CERTIFICATE (DD214- **NO CHARGE**) NUMBER OF COPIES \_\_\_\_\_

FULL NAME OF DECEASED OR DISCHARGED: \_\_\_\_\_

DATE OF DEATH OR DISCHARGE: \_\_\_\_\_

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MARRIAGE CERTIFICATE **\$5.00 EACH COPY** NUMBER OF COPIES \_\_\_\_\_

PARTY ONE (maiden if applicable) \_\_\_\_\_

PARTY TWO (maiden if applicable) \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

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WHAT IS YOUR RELATIONSHIP TO PERSON ON THE CERTIFICATE? **(CIRCLE ONE)**

SELF      PARENT      SPOUSE      CHILD      GRANDCHILD      GREAT-GRANDCHILD

OTHER: \_\_\_\_\_

**WARNING: MAKING FALSE STATEMENTS AND MISUSE OF VITAL RECORDS CAN RESULT IN CRIMINAL AND CIVIL PENALTIES WV CODE 16-5-38**

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

APPLICANT'S FULL MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please mail payment to : Barbour County Clerk's Office- 26 North Main Street, Philippi, WV 26416