

JACKSON COUNTY APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS

Return to: Jackson County Clerk, P O Box 800, Ripley, WV 25271

Send \$5.00 for each certificate requested, checks payable to Jackson County Clerk

NO CHARGE FOR DD214

BIRTH CERTIFICATE

number of copies requested _____

FULL NAME AT BIRTH: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S FULL (MAIDEN) NAME: _____

DEATH OR DISCHARGE CERTIFICATE

number of copies requested _____

FULL NAME OF DECEASED OR DISCHARGED: _____

DATE OF DEATH OR DISCHARGE: _____

MARRIAGE CERTIFICATE

number of copies requested _____

PARTY ONE (maiden if applicable): _____

PARTY TWO (maiden if applicable): _____

DATE OF MARRIAGE: _____

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

SELF PARENT CHILD SPOUSE GRANDPARENT GRANDCHILD

MOTHER OR FATHER-IN-LAW SON OR DAUGHTER-IN-LAW

AUTHORIZED AGENT, ATTORNEY OR LEGAL REPRESENTATIVE OF PERSON WHOSE NAME IS ON CERTIFICATE

NOTARY SECTION—please sign in the presence of a notary

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

Applicants signature

Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

by _____
(name of person acknowledged)

My commission expires _____

Notary Public

{Notary seal}