

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

IDENTIFICATION REQUIRED Person making request must attach a copy of driver's license or other ID

**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 \_\_\_\_\_

FULL NAME OF GROOM: \_\_\_\_\_

BRIDE'S MAIDEN NAME: \_\_\_\_\_

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

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