

APPLICATION FOR COPY OF BIRTH CERTIFICATE

Name as it appears on the Birth Certificate:

First Middle Last (Use Maiden for Women)

Date of Birth: _____
Month/Day/Year

If the Birth Certificate is for you skip down to the signature section.

If the Birth Certificate is not for you,
how are you related to this person?

____ Parent/Grandparent ____ Guardian/Agent;

____ Child/Grandchild; ____ Brother/Sister: ____ Spouse;

By my signature, I certify that the above marked relationship is true.

Signature of your name now

Print Name

*****FOR MAIL IN REQUESTS ONLY*****

Requesting _____ copies at \$5.00 per copy PLEASE ADD A 1 TIME \$.50 FEE FOR POSTAGE...
(NOT \$.50 PER COPY.) Enclosing \$ _____

Please send check or money order. DO NOT SEND CASH. Make checks payable to Randolph County Clerk.

Send Copies to: Print your address below:

Daytime telephone number (____) _____ - _____

Return To: _____
Randolph County Clerk
2 Randolph Avenue
Elkins, W.Va. 26241
Phone 304-636-0543
Fax: 304-636-0544

Office Use Only
Book/Pg.
Typed By
Date
Copies
Amount