

GRANT COUNTY APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS

EACH COPY \$5.00 \* NO CHARGE FOR DD214

\*\*\*IDENTIFICATION REQUIRED\*\*\*

ID# \_\_\_\_\_

(Driver's License, State Issued ID, Passport, Visa, Green Card)

**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 (DD214)**

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 THE CERTIFICATE? **(CIRCLE ONE)**

SELF      PARENT      SPOUSE      CHILD      GRANDCHILD      GREAT-GRANDCHILD

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

(57-1-3LL): DD214 ONLY:      SIBLING      EXECUTOR/EXECUTRIX/ADMIN. OF ESTATE

I AM AN AUTHORIZED AGENT, ATTORNEY, OR LEGAL REPRESENTATIVE OF THE PERSON LISTED ABOVE

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

PRINT APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S FULL MAILING ADDRESS: \_\_\_\_\_

ATTEST: \_\_\_\_\_

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