

HARRISON COUNTY APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS

John Spires, Clerk



PLEASE ATTACH A COPY OF YOUR STATE ISSUED DRIVERS LICENSE

Certificate Requested: (What type of Certificate is being ordered)

Birth Certificate [] Marriage Certificate [] Death Certificate []

What is your Relationship to the person named on the certificate? (check one)

[] Self [] Mother [] Father [] Child [] Current Spouse [] Sibling [] Grandparent [] Grandchild [] Step Parent [] Step Children [] In Laws [] Legal Guardian (submit custody order) [] Attorney [] Other (Explain) _____

Birth: \$5.00 per copy

Number of copies: _____

Name at Birth: _____

Date of Birth: _____

Mother's Maiden Name: _____

Father's Name: _____

Laminated Birth: \$7.00 per copy

(wallet size)

Number of copies: _____

***The Laminated Certificates may not be an acceptable form of ID to obtain a passport and possibly other Documents.

Marriage: \$5.00 per copy

Number of copies: _____

Full Name of Groom: _____

Full Maiden Name of Bride: _____

Date of Marriage: _____

Death: \$5.00 per copy

Number of copies: _____

Name of the Deceased: _____

Date of Death: _____

Applicant Information: (information about the person requesting the record)

Applicant Name: _____ Email: _____

Mailing Address: _____ Phone #: _____

City, State, & Zip: _____

Signature of Applicant: _____

Making false statements and misuse of vital records will result in criminal and civil penalties pursuant to WV Code §16-5-38.

Method of Payment: Check [] (please check one)

Money Order []

Credit Card (Please Check One)

- [] Master Card [] Visa [] American Exp [] Discover

Please make checks payable to: Harrison County Clerk

* Notice: The following fees will apply to all credit card transactions & will be added to the total amount due:

0-\$50 = \$2.00 fee

\$50.01 - \$100.00 = \$3.00 fee

Each additional \$100 = \$3.00

We accept: MasterCard, Visa, Discover, American Express

Card Holder's First Name: _____ Card Number: _____

Card Holder's Last Name: _____ Expiration Date: _____

Card Holder's Address: _____ CVN: (3 digit code on back) _____

City, State, & Zip: _____

Phone #: _____

Please mail payment to: Harrison County Clerk's Office, 301 W Main St, Clarksburg, WV 26301