

Application for a Death Certificate

ull Name of Person on Certificate	Date of Death
equestor's Name (Printed)	
river's License Number	
equestor's Relationship	
I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION	ON IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
NING: Making false statements and misuse of vital rec	ords can result in criminal and civil penalties. WV Code §16
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ignature	Date
lequesting copies at \$5.00 per	copy. Total amount due: \$
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lease send check or money orders only. Make	checks payable to: Monroe County Clerk
lease print your address below:	
	Daytime Phone Number
	Please send this form and a check to:
	Monroe County Clerk
	PO Box 350





