



Application for a Birth Certificate

_____ Full Name of Person on Certificate _____ Father's Full Name

_____ / _____ / _____ Gender Date of Birth Mother's Full Name (Maiden)

_____ Requestor's Name

_____ Driver's License Number _____ State

_____ Requestor's Relationship

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

WARNING: Making false statements and misuse of vital records can result in criminal and civil penalties. WV Code §16-5-38

_____ Signature _____ / _____ / _____ Date

Requesting _____ copies at \$5.00 per copy. Total amount due: \$ _____

Please send check or money orders only. Make checks payable to: **Monroe County Clerk**

Please print your address below:

_____ Daytime Phone Number

Please send this form and a check to:

**Monroe County Clerk
PO Box 350
Union, WV 24983**

