

Application for Certified Copy of Death Certificate

Name of person on the certificate: _____
(First) (Middle) (Last)

Date of Death: _____ **Sex:** ___ Male ___ Female
Month/Day/Year

Place of Death: City/Town: _____
State: _____
Hospital: _____

Requestor's Relationship: ___ Parent; ___ Guardian or agent; ___ Grandparent; ___ Spouse;
___ Child of decedent; ___ other (describe) _____;

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

(signature) (printed name)

Reason for request: _____

Enclosed is \$ _____ **for** _____ **copies (\$5.00 per copy).**
Please send check or money order. Do not send cash.

Return copies to (Requestors address):

City State Zip

Daytime telephone Number () _____

Mail completed form to:

**Raleigh County Clerk
Attn: Vital Registration
215 Main Street
Beckley WV 25801
(304) 255-9123**