



HARRISON COUNTY APPLICATION FOR CERTIFIED COPIES OF

VITAL RECORDS

John R. Spires, Clerk



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: _____

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 = \$1.50 fee

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 #: _____