



**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 Money Order Credit Card
(please check one) *(Please Check One)*
 Please make checks payable to: **Harrison County Clerk**
 Master Card
 Visa
 American Exp
 Discover
 * 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 #: _____