

**MARION COUNTY APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS**

Return to: Marion County Clerk, Attn: Record Room, 219 Adams Street, PO Box 1267, Fairmont, WV 26555-1267  
304-367-5452 / 304-367-5454

IDENTIFICATION REQUIRED: Copy of Photo ID (eg: Drivers License)

ID# If Applicable:

**BIRTH CERTIFICATE**

FULL NAME AT BIRTH:  
DATE OF BIRTH:  
FATHER'S NAME:  
MOTHER'S FULL (MAIDEN) NAME:

DOCTOR: \_\_\_\_\_  
BOOK: \_\_\_\_\_  
PAGE: \_\_\_\_\_  
DATE RECORDED: \_\_\_\_\_

**DEATH CERTIFICATE**

FULL NAME OF DECEASED:  
DATE OF DEATH:

**MARRIAGE CERTIFICATE**

FULL NAME OF GROOM:  
NAME OF BRIDE (MAIDEN):  
DATE OF MARRIAGE:

OFFICIENT: \_\_\_\_\_  
BOOK: \_\_\_\_\_  
PAGE: \_\_\_\_\_  
DATE RECORDED: \_\_\_\_\_

THE CERTIFICATE ABOVE IS: (PLEASE SELECT **ONE** OF THE FOLLOWING FROM THE DROP DOWN MENU)

SON-IN-LAW

**I AM AN AUTHORIZED AGENT, ATTORNEY, LEGAL DETERMINATION OF PERSON OR  
LEGAL REPRESENTATIVE OF THE PERSON LISTED ABOVE**

**WARNING:** MAKING A FALSE APPLICATION FOR A VITAL RECORD IS A FELONY  
UNDER STATE AND FEDERAL LAW

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

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Date: \_\_\_\_\_

\_\_\_\_\_  
PRINT/TYPE APPLICANT'S NAME

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
APPLICANTS FULL MAILING ADDRESS

**FEES:**

Birth Certificates \$5.00 Standard  
\$2.00 Wallet Size

Death Certificates: \$5.00  
Marriage Certificates: \$5.00