



# POCAHONTAS COUNTY, WEST VIRGINIA Application for Certification of a Vital Record

The fee for each certification of a vital record is \$5.00  
Please make check or money order payable to:

## Pocahontas County Clerk

Name of Requester: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
(person requesting the certificate)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is your relationship to the person named on the certificate? (Check one) \_\_\_\_\_ Self \_\_\_\_\_ Mother \_\_\_\_\_ Father  
\_\_\_\_\_ Child \_\_\_\_\_ Current Spouse \_\_\_\_\_ Sister \_\_\_\_\_ Brother \_\_\_\_\_ Maternal Grandparent \_\_\_\_\_ Paternal  
Grandparent \_\_\_\_\_ Legal Guardian (submit custody order) \_\_\_\_\_ Other (Specify) \_\_\_\_\_

I understand that making a **FALSE** application for a vital record is a **FELONY** under state and federal law.

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** The person requesting the vital record must submit a copy of their identification. See list on reverse side.

### **BIRTH CARDS ARE NO LONGER AVAILABLE**

#### **BIRTH**

Number of Copies: \_\_\_\_\_

Name at Birth: \_\_\_\_\_

*If name has changed since birth due to adoption, court order, or any reason other than marriage, please list changed name here:*

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_  
(City/County in West Virginia)

Full Maiden Name of Mother: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

#### **DEATH**

Number of Copies: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age at Death: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Hospital: \_\_\_\_\_  
(City/County in West Virginia)

Full Maiden Name of Mother: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

#### **MARRIAGE**

Number of Copies: \_\_\_\_\_

Full Name of Husband: \_\_\_\_\_

Full Name of Wife: \_\_\_\_\_

Marriage Date: \_\_\_\_\_ Place: \_\_\_\_\_

Place where license was issued: \_\_\_\_\_

Please indicate the address you wish the certificate(s) mailed to in the box below. -- Please type or print clearly.

Name
Address
City/State/Zip

Send Completed Application To:

Pocahontas County Clerk  
900C Tenth Avenue  
Marlinton, WV 24954  
(304) 799-4549  
(304) 799-6947 (Fax)  
[pocack@clerk.state.wv.us](mailto:pocack@clerk.state.wv.us)

# ACCEPTABLE IDENTIFICATION

**SUBMIT ONE (1) DOCUMENT FROM THE PRIMARY LIST.**

*The acceptable documents listed may change without prior notice.*

PRIMARY LIST	
1.	<b>Photo Drivers License issued by US DMV office</b> - unexpired or expired for not more than one year
2.	<b>Photo Learners/Instruction Permit issue by US DMV office</b> -unexpired or expired for not more than one year
3.	<b>Photo Identification Card issued by US DMV Office</b> - <i>unexpired or expired for not more than one year</i>
4.	<b>Current Photo Identification Card</b> - (school, employment). <i>Check Cashing Cards are not acceptable</i>
5.	<b>Military Card</b> - unexpired - active duty or retired member
6.	<b>U.S. Passport</b> – unexpired