Taylor County Application for Certified copies of Vital Records \$5.00 per Certificate

Birth Certificate	Marria	ge Certificat	te D	Death Certificat	:e
Mark your relation	nship to the	e person nai	med on the	requested cer	tificate
Self	Mother	Father	Child	Sibling	
Current	Spouse	Grandparen	t Gra	ndchild	
Step Parent Legal Guardian (proof of custod		of custody)			
Attorney	Other (expla	in)			
BIRTH Number of copies Name at Birth					
Date of Birth					
Mother's Full (Maiden) Nar					
Father's Full Name					
MARRIAGE Number of co					
Full Maiden Name of Bride	last name befor	e marriage			
Date of Marriage					
DEATH Number of copies					
Name of Deceased					
Date of Death					_
Applicant Name					
Mailing Address					
City/State/Zip					
Phone					
By my signature below, I ce	rtify that the infe	ormation provid	led above is tru	ue, accurate & comp	lete.
Signature of Applicant					_

By Mail- Send cash or mone	y order, with copy of photo ID ar	nd SASE to:	
Taylor County Clerk's Office	128 West Main St. Annex 2 Graft	on Wv 26354	
Office Use: Type of ID preser	nted	Deputy	
Office Use: Paid by cash	or Money Order #	Date Returned	