

# Application for Certified Marriage Certificate

Note: A \$12.00 nonrefundable search fee must accompany this application. This fee includes one copy, if found. Each additional copy is \$12. Cash is sent at sender's risk. Make check or money order payable to "VITAL REGISTRATION"

**Vital Registration Office**  
 Room 165  
 350 Capitol Street  
 Charleston WV, 25301-3701  
 (304) 558-2931  
 www.wvdhhr.org

For Office Use Only	
WHEN STAMPED PAID THIS IS YOUR RECEIPT	
CASH	
CHECK	
MONEY ORDER	
NO. COPIES	
<b>AMOUNT</b>	

<b>GROOM'S NAME</b> (FIRST-MIDDLE-LAST)	<b>DATE OF MARRIAGE</b>
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<b>BRIDE'S MAIDEN NAME</b> (FIRST-MIDDLE-LAST)	MONTH/DAY/YEAR
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<b>PLACE OF APPLICATION</b>		
<b>CITY</b>	<b>COUNTY</b>	<b>STATE</b>

Mail Certificate to	<b>What is Your Relationship to the Bride or the Groom ?</b>  _____  I understand that intentionally making a false statement on this application or obtaining, possessing, or using a vital record other than is allowed by law or using the vital record of another with an intent to deceive is a <b>FELONY</b> under the law of the State of West Virginia (WV Code §16-5-38).  _____
Mailing Address	
Suite or Apartment Number	
City, State, Zip	

Signature Required