

JOHN A. TURNER
LOGAN COUNTY CLERK
ROOM 102
LOGAN WV 25601

CERT.# _____
ID- _____

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE
(if request is by MAIL, a copy of your PHOTO I.D. is REQUIRED)

Name on the certificate: _____
First Middle Last

Date of Birth _____ Place of Birth _____
Month/Day/Year

Mother's Maiden Name: _____
First Middle Last

Father's Name: _____
First Middle Last

Your Mailing Address: _____

Requestor's Relationship:

Telephone Number: _____

Certificate of Self _____
Parent/Grandparent _____
Guardian/Agent _____
Brother/Sister _____
Child/Grandchild _____
Spouse _____

By my Signature, I certify that the above marked relationship is true.

SIGNATURE

PRINTED NAME

Requesting _____ copies at \$5.00 each
Please send cash or money order.

Mail To : Logan County Clerk
Logan County Courthouse
Room 102
Logan WV 25601

**enclosing a self-addressed,
stamped envelope would be
appreciated ** Thank You