

REQUEST FORM FOR BIRTH RECORD

Name at Birth: _____
First Middle Last

Date of Birth _____
Month/Day/Year

Mother's Name _____
First Middle Last (Maiden Name)

Father's Name _____
First Middle Last

Place of Birth
County _____ State _____

Hospital: _____ Sex _____ Male: _____ Female

Requestor's Relationship: _____ Parent/Grandparent; _____ Legal Guardian/Agent;
_____ Bother/Sister; _____ Adult child/Grandchild;
_____ Certificate of my own birth; _____ Spouse

By my signature, I certify that the information above is true and correct.

Printed Name Signature Date

Requesting _____ copies at \$5.00 per copy and enclosing \$ _____.

Please send check or money order. Please do not send cash. Make checks payable to: Putnam County Clerk
At 3389 Winfield Road, Winfield, WV 25213.

Mailing Address: _____
Street City

State Zip

Daytime telephone numbers () _____

How would you like to receive this document?

Mail it to me

I'll pick it up

*When requesting the document by mail, please include: 1) a check or money order; 2) a photocopy of your photo identification; 3) a self-addressed stamped envelope