REQUEST FORM FOR DEATH RECORD

Name: _____ _____ _____
First Middle Last

Date of Death _____
Month/Day/Year

Requestor's Relationship; _____ Parent/Grandparent _____Legal Guardian/Agent

_____Brother/Sister; _____ Adult child/Grandchild _____ 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