

*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: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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.