



Application for a Death Certificate

County of Monroe, State of West Virginia

Donald J. Evans, County Clerk



Full Name Of Person on Certificate

Date of Death

Requestor's Name: _____

Reason For Request: _____

Requestor's Relationship: (Please Check One)

Parent

Grandparent

Child of decedent

Spouse

Personal representative of the estate

Other (Please Describe): _____

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

Signature

Printed Name

Requesting _____ copies at \$5.00 per copy. Total amount due \$_____

Please send check or money order. Make checks payable to: **Monroe County Clerk**

Print your address below:

Daytime Phone Number

If you are making a request by mail, please enclose this form with a
Check or money order and a copy of your driver's license to:

Monroe County Clerk (304) 772-3096
PO Box 350
Union, WV 24983