



West Virginia Vital Registration Office
Supply Request

Fax: (304) 558-8001 Telephone: (304) 558-2931



Facility Name _____

Facility Address _____

City

State

Zip

Contact Person _____

Phone Number _____

Place a checkmark on the line next to the supply you need

____ Application for Certified Copies of Birth or Death Certificates

____ NEW Physician's/Medical Examiner's Death Certificate (for deaths occurring Sept 1, 2017 forward)

____ Electronic Birth Certificate Paper (used for both birth certificates and fetal death reports)

____ Authorization for Final Disposition - Fetal Death

____ Monthly Hospital Report of Birth, Death, and Fetal Death

____ Report of Induced Termination of Pregnancy

____ Birth Worksheets – Mother's Copy (Pink)

____ Birth Worksheets – Facility's Copy (Blue, Yellow, Green)

____ Birth Worksheets – Addendum 1

For Declaration of Paternity Affidavits
OR Voluntary Denial of Paternity
forms contact
Bureau for Child Support Enforcement

FAX: Attn: Paternity Forms
304-558-4742

Please Fax this Form to: (304) 558-8001