

Request for Use of the Seal of the State of West Virginia

Kris Warner
Secretary of State



Requestor: _____

Address: _____

Phone: _____

Date Requested: _____

Reason for use of the Seal of the State of West Virginia:

Action taken: _____

Request taken by: _____

Approved by: _____

Please fill out information, and fax to (304) 558-0900 or mail to: Secretary of State
Building 1, Suite 157K
1900 Kanawha Blvd., East
Charleston, WV 25305