

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