

Application for copy of Vital Record

Indicate number of copies: _____

Certified (\$10.00 each): ☐

Uncertified (\$0.25): ☐

Birth Certificate –

- Full name on Birth Certificate: _____
- Date of Birth: _____
- County of Birth: _____
- Name of Father: _____
- Full Maiden Name of Mother: _____

Death Certificate –

- Name of Deceased: _____
- Date of Death: _____
- County of Death: _____

Marriage Certificate –

- Name of Applicant 1: _____
- Name of Applicant 2: _____
- Date of Marriage: _____

Your relationship to the record (check one):

- | | | |
|--|--|---|
| 1. Self <input type="checkbox"/> | 5. Parent/Step-Parent <input type="checkbox"/> | 8. Other (for non-family use only) <input type="checkbox"/> |
| 2. Spouse <input type="checkbox"/> | 6. Grandparent/Grandchild <input type="checkbox"/> | |
| 3. Brother/Sister <input type="checkbox"/> | 7. Authorized Agent, Attorney, or Legal Representative | |
| 4. Child <input type="checkbox"/> | of the person listed in 1-6 (proof is required) <input type="checkbox"/> | |

I hereby certify that all of the above information is true to the best of my knowledge. Note: it is a felony & violation of North Carolina Law (G.S. 130A-26A) to make a false statement on this application or to unlawfully obtain a certified copy of a vital record.

Signature: _____

Printed Name: _____

Street Address: _____

Date: _____

City, State & Zip: _____

Phone #: _____

Office Use Only: Volume _____

Page _____

Amount Received: \$ _____

Identification Furnished: _____