

## 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: \_\_\_\_\_

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### **Death Certificate –**

- Name of Deceased: \_\_\_\_\_
- Date of Death: \_\_\_\_\_
- County of Death: \_\_\_\_\_

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### **Marriage Certificate –**

- Name of Applicant 1: \_\_\_\_\_
- Name of Applicant 2: \_\_\_\_\_
- Date of Marriage: \_\_\_\_\_

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Your relationship to the record (check one):

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

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: \_\_\_\_\_