

Application for Certified Copies of Birth, Death or Marriage Records

Note: Checks and Credit Cards are NOT accepted!

PLEASE PRINT

Birth Certificate: **Number of Copies Requested: Full Size: ____ (\$10.00 ea) Wallet Size: ____ (\$12.00 ea)**

Full Name at Birth: _____

Date of Birth (*Month/Day/Year*) ____ | ____ | ____

Father's Name: _____

Mother's Full (Maiden) Name: _____

Death Certificate: **Number of Copies Requested: ____ (\$10.00 ea)**

Full Name of Deceased: _____

Date of Death (*Month/Day/Year*) ____ | ____ | ____

Marriage Certificate: **Number of Copies Requested: ____ (\$10.00 ea)**

Full Name of Groom: _____

Full Maiden Name of Bride: _____

Date of Marriage (*Month/Day/Year*) ____ | ____ | ____

Your Relationship to the Person Whose Certificate is Requested: (Check one)

- | | |
|--|--|
| 1. <input type="checkbox"/> Self | 5. <input type="checkbox"/> Parent/Step-parent |
| 2. <input type="checkbox"/> Spouse (current) | 6. <input type="checkbox"/> Grandparent/Grandchild |
| 3. <input type="checkbox"/> Brother/Sister | 7. <input type="checkbox"/> Authorized agent, attorney or legal representative of the person listed in 1-6 (Proof Required) |
| 4. <input type="checkbox"/> Child/Step-child | |

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

Signature of Person Applying for Certificate

Printed (or typed) Name of Applicant

Street Address or P.O. Box

City, State and Zip Code

____ | ____ | ____
Today's Date

() _____ - _____
Telephone Number

Office Use Only!

Identification Furnished

Cash: \$ _____

M/O #: _____ \$ _____

Other: _____

Required for all Certificates Requested