



**Complete Appropriate Number: (Print or Type)**

**#1** **BIRTH CERTIFICATE**

Office Use Only Book/Page \_\_\_\_\_

Full Name at Birth: \_\_\_\_\_  Certified #copies \_\_\_\_\_  
 First Middle Last  Uncertified #copies \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Hospital or City/County)

Father / Parent's Full Name: \_\_\_\_\_  
 (include MAIDEN name if applicable) is required

Mother / Parent's Full Name: \_\_\_\_\_

IF ADOPTED ????????

**STOP**

RECORD IS NOT HERE

**#2** **DEATH CERTIFICATE**

Office Use Only Book/Page \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_  
 First Middle Last

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Certified #copies \_\_\_\_\_  
 Uncertified #copies \_\_\_\_\_

Location of Death (City/County): \_\_\_\_\_

**#3** **MARRIAGE CERTIFICATE**

Office Use Only Book/Page \_\_\_\_\_

Full Name of Groom / Spouse 1: \_\_\_\_\_  
 (include MAIDEN name if applicable) First Middle Last

Full Name of Bride / Spouse 2: \_\_\_\_\_  
 First Middle Last

Date of Marriage: \_\_\_\_\_  Certified #copies \_\_\_\_\_  
 Uncertified #copies \_\_\_\_\_

Where Marriage App applied for (City/County): \_\_\_\_\_

**REQUIRED**

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

Self  Parent/Step-Parent  **CHECK IF YOU ARE EXPECTING A REVISED**  
 Spouse  Grandparent/Grandchild **OR CORRECTED CERTIFICATE**  
 Brother/Sister  Seeking information for legal determination of personal or property rights  
 Child/Step-Child  Authorized agent, attorney or legal representative of the person listed in 1-3  
 A funeral director or funeral service licensee entitled a certified DC—Name of Funeral Home \_\_\_\_\_

**(Proof may be Required on any of the ABOVE)** \_\_\_\_\_

*I certify that all the above information that I have provided is true to the best of my knowledge. I further understand there is NO REFUND due to my own error or by failing to inform this office of expected changes or corrections. Note: It is a felony violation of North Carolina Law (NCGS 130A-26Aa) to make a false statement on this application or to unlawfully obtain a certified copy of a vital record.*

Signature of Person Requesting Certificate \_\_\_\_\_ Printed Name of Person Requesting Certificate \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_\_  copy on back \$ \_\_\_\_\_  cash  debit/credit  check # \_\_\_\_\_

ID Information AMOUNT PAID INTITALS