



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