| Attentio P. O. Bo | | | TH, DEA Onl | | | | on: Wake County Justice Center 300 S. Salisbury Street Suite 1700 Poloith NC 27601 |
|----------------------|---|---|--|---|---|---|---|
| Raleign , | NC 27602-1897 | Bir | ths. Deaths d | & Marriages that or | ccurred in Wake County Onl | V | Raleigh, NC 27601 |
| | (Parents: If reque | l Marriage Co sting birth ce The <mark>Requir</mark> | ertificates cost rtificate for a red Informati | t <u>\$10</u> each. A governme child under 18, please ton Section must be o | ment-issued photo ID (e.g., dri e enclose photocopy of PAREN completed for all certificates r | ver's license or T'S governmen equested. | t-issued ID.) |
| | | | | | <pre>gh, NC. For more information e at http://vitalrecords.nc.gov/</pre> | | coccurring in Wake County, |
| licate | Name at Birth: | | First Name | | Middle Name | | Last Name |
| Birth Certificate | Date of Birth: | Month | Day | Year | Sex: | Male | Female |
| Birth | Full Name of Parent: (Adoptive parent, if applies) | | First Name | i cui | Middle Name | Last Name (1 | before any marriage, if different) |
| | Full Name of Parent: (Adoptive parent, if applies) | | First Name | | Middle Name | | before any marriage, if different) |
| te | | | hs not occurri | ng in Wake County, c | call the NC Vital Records Depa | | |
| tifica | Name at Death: | | First Name | | Middle Name | | Last Name |
| Death Certificate | Date of Death: | Month | | Year | Sex: | Male | Female |
| Deat | Location of Death: | Include nat | | | | | |
| cate | Name of Applicant 1: | | | | | | |
| Certificate | (as it appears on the marriage Name of Applicant 2: | license) | First Name | | Middle Name | | Last Name |
| 6 | (as it appears on the marriage | license) | First Name | | Middle Name | | Last Name |
| Marriag | Date of Marriage: | Month | Day | Year | | | |
| | Your Relationship to the | Person wh | iose Birth, I | Death or Marriage | e Certificate is requested: | Type and | Quantity of Certificate(s) Requested |
| | Self (for own birth on | _ | _ | | _ | Birth Certificate How Many? | x \$10 ea. = |
| | Spouse (current) | Sister | Brothe | r 🗌 Child | Parent/Stepparent | Death Certificate How Many? | x \$10 ea. = |
| ion | Grandchild | Grandp | barent | Other: Specify | | Marriage Certificates - How Many? x \$10 ea. | x \$10 ea. = |
| ormat | Authorized agent, att certificate is reqested | | | | | How Many? | x 15¢ ea. = l Amount Enclosed = |
| equired Information | <i>I hereby certify that all</i> NOTE: IT IS A FELONY VI APPLICATION OR TO UN | OLATION (| OF NORTH C | AROLINA LAW (N | .C.G.S. § 130A-26A) TO MAK | E A FALSE ST | ATEMENT ON THIS |

| Signature of Person Applying for Certificate | | | | | | | | |
|--|------|-------|-----|--|--|--|--|--|
| treet Address or P.O. Box | City | State | Zip | | | | | |
| Date: | - | | 1 | | | | | |

***** Make check or money order payable to Wake County Register of Deeds. Do not send cash in the mail. Mail-in requests will be processed within one business day of receipt. If you have questions, please call Wake County Register of Deeds, 919-856-5460, or visit <u>http://www.wakegov.com/rod</u>. *****