



Post Office Box 118 • Smithfield, NC 27577 • Telephone: (919) 989-5160 • Fax: (919) 989-5728

**APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD**

**DATE:** \_\_\_\_\_ **NUMBER OF COPIES:** Regular \$10.00 \_\_\_\_\_

**Birth Certificate**

**Full Name at Birth:**

\_\_\_\_\_  
First Name Middle Name Last Name

**Date of Birth:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**Sex:** \_\_\_\_\_  
Male Female

**Full Name of Father:**

\_\_\_\_\_  
First Name Middle Name Last Name

**Full Name of Mother:**

\_\_\_\_\_  
First Name Middle Name Last Name

**Death Certificate**

**Full Name of Deceased:**

\_\_\_\_\_

**Date of Death:**

\_\_\_\_\_

**Location (City or County) of Death:**

\_\_\_\_\_

**Marriage Certificate**

**Full Name of Groom:**

\_\_\_\_\_

**Full Name of Bride:**

\_\_\_\_\_

**Date of Marriage:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**Your relationship to the person whose certificate requested: (circle appropriate relationship):**

1. Self 2. Spouse 3. Brother/Sister 4. Child/Grandchild 5. Parent/Step-parent 6. Grandparent

7. Authorized agent, attorney or legal representative of the person listed 1-6 (Proof Required)

8. Other \_\_\_\_\_

\*\*\*\*\*

I hereby certify that all the above information is true to the best of my knowledge. NOTE: IT IS A VIOLATION OF NORTH CAROLINA LAW (G.S. 130A-96) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY.

\_\_\_\_\_  
Signature of Person Applying

\_\_\_\_\_  
Identification

\_\_\_\_\_  
Address (Street or PO Box, City, State, and Zip Code)

( ) \_\_\_\_\_  
Telephone Number