

SEE NC GENERAL STATUTES (LAW) 130A-93C AND 99 (ON BACK)

**DAVIDSON COUNTY REGISTER OF DEEDS**  
**APPLICATION FOR CERTIFIED COPY OF VITAL RECORD**  
**CERTIFIED COPIES ARE \$10.00 EACH**

**\*\*PLEASE TYPE OR PRINT\*\***

**\*\*\*BIRTH CERTIFICATE**

Full Name at Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Mother's Full Maiden Name \_\_\_\_\_

**\*\*\*DEATH CERTIFICATE**

Full Name of Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_

Number of Copies \_\_\_\_\_

**\*\*\*MARRIAGE CERTIFICATE**

Full Name of Groom \_\_\_\_\_

Full Maiden Name of Bride \_\_\_\_\_

Date of Marriage \_\_\_\_\_

The Certificate of the above name person is:

- |               |   |
|---------------|---|
| 1. My Self    | 7. My Grandparent   |
| 2. My Spouse  | 8. My Grandchild  |
| 3. My Brother | 9. My Cousin  |
| 4. My Sister  | 10. I am seeking information for legal<br>determination of personal or property rights.                           |
| 5. My Child   | 11. I am an authorized agent, attorney or legal<br>Representative of the person listed above,<br>(PROOF REQUIRED) |
| 6. My Parent  | 12. Other: _____  |

I hereby certify that all the above information given is true to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
City & State

\_\_\_\_\_  
ID Information

Mail To: Davidson County Register of Deeds, PO Box 464, Lexington, NC 27293-0464

