

\* Local Office:  
 Belinda S.White  
 Bertie County Register of Deeds  
 Post Office Box 340  
 Windsor, North Carolina 27983  
 Fee Regular size \$10.00/Wallet size \$11.00

\* State Office:  
 North Carolina Department of Health and Human Services  
 North Carolina Vital Records  
 1903 Mail Service Center  
 Raleigh, North Carolina 27699-1903  
 Fee \$15.00/each additional copy \$5.00

## Application for copy of North Carolina Vital Record

**PLEASE PRINT:**

**Birth Certificate**

Full Name on Certificate \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_

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

Full Name of Mother: \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

.....  
**Death Certificate**

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

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

Location (City or County): \_\_\_\_\_

.....  
**Marriage Certificate**

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

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

Date of Marriage : \_\_\_\_\_ Location of Marriage \_\_\_\_\_  
 (City or County)

.....  
 YOUR RELATIONSHIP TO THE PERSON WHOSE CERTIFICATE IS REQUESTED (Circle One)

- |                   |                       |   |
|-------------------|-----------------------|---|
| 1. Self           | 4. Child              | 7. Authorized agent, attorney or legal representative of the person listed 1-6 (PROOF REQUIRED) |
| 2. Spouse/Current | 5. Parent/Step-Parent | 8. Other _____  |
| 3. Brother/Sister | 6. Grandparent        |   |

.....  
 I hereby certify that all the above information is true to the best of my knowledge. NOTE: IT IS A FELONY VIOLATION OF NORTH CAROLINA LAW (G.S. 130A-26) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A BIRTH CERTIFICATE.

\_\_\_\_\_  
 Signature of Person Applying for Certificate (Date)

\_\_\_\_\_  
 Printed Name of Person Applying for Certificate (\_\_\_\_\_) Telephone Number

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

Office Use Only: Amount collected \$ _____	Identification Furnished: _____
Volume _____ Page _____	Identification Number: _____
Number of Copies requested: Regular Size _____ Wallet Size _____	Certificate Number(s): _____

**\*ATTACH PHOTO IDENTIFICATION**