

\*Local Office:  
Annie F. Wilson  
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 \$24.00/each additional copy \$15.00

## 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: _____	Certificate Number(s): _____
Regular Size _____	
Wallet Size _____	

**\*ATTACH PHOTO IDENTIFICATION**