

APPLICATION FOR BIRTH, DEATH OR MARRIAGE RECORDS

Applicant's Name _____

Date: _____

Address _____

Phone _____

The person on the requested certificate(s) is:

1. My Self
2. My Child
3. My Spouse
4. My Sister/Brother
5. My Parent
6. My Grandchild/Grandparent
7. I am an authorized agent, attorney, or legal representative of the person listed below.

Applicant's Signature _____

I HEREBY CERTIFY THAT ALL THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A CLASS I FELONY VIOLATION OF NORTH CAROLINA LAW G.S. 130A-26A (b) (1)

TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A VITAL RECORD.

BIRTH CERTIFICATE: *NUMBER OF COPIES:* _____ *Certified* _____ *Uncertified*

Full Name at Birth _____

Date of Birth _____ County of Birth: Scotland or _____

Father/Parent _____

Mother/Parent (Full Maiden Name) _____

DEATH CERTIFICATE: *NUMBER OF COPIES:* _____ *Certified* _____ *Uncertified*

Full Name of Deceased _____

Date of Death _____ County of Death: Scotland or _____

Father/Parent _____

Mother/Parent (Full Maiden Name) _____

BIRTH / MARRIAGE CERTIFICATE: *NUMBER OF COPIES:* _____ *Certified* _____ *Uncertified*

Full Name at Birth _____

Date of BIRTH / MARRIAGE _____ County of BIRTH / MARRIAGE: Scotland or _____

Spouse 1/Parent - Name at Birth _____

Spouse 2/Parent - Name at Birth _____