

APPLICATION FOR BIRTH, DEATH OR MARRIAGE RECORDS

Applicant's Name _____ Date _____

Address _____

Phone _____ Checked ID _____

The person on the requested certificate(s) is:

- My Self
- My Child
- My Spouse
- My Sister/Brother
- My Parent
- My Grandchild/Grandparent
- I am an authorized agent, attorney, or legal representative of the person listed above.

*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.*

X

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 Event _____

Spouse 2/Parent - Name at Event _____