



## APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

We accept Cash, Money Order, Visa/Master Card, and Apple/Google Pay for payment.

NO PERSONAL CHECKS PLEASE!

<b>Birth Certificat</b>						
Full Name at	Birth:			4: 1 11		
Date of Birth:	First			Middle		Last
			Sex:	ale	Female	
Full Name of						# of Copies:
Parent 1	First Middle		Last (before any marriage, if different)			erent)
Full Name of Parent 2	 First	Middle		act (before		
	First Middle Last (before any marriage, i				e any marnage, ir dine	rent)
Death Certifica	ate					
Full Name of Deceased:						# of Copies:
Date of Death:						
Location (City	or County) of	Death:				
Marriage Cort	ificato					
Marriage Certificate Full Name of Applicant 1:						# of Copies
Full Name of	Applicant 2: _					-
Date of Marria	age:					
	Month		Day	Day Yea		
Your relationship	to the person w	hose certificate request	ed:			
Self	Spouse	Brother/Sister			p-child	Parent/Step-parent
Grandchild		randparent				
Authorized agent, attorney or legal representative of the person whose certificate is requested. (proof required)						
I hereby certify that all the above information is true to the best of my knowledge. NOTE: IT IS A VIOLATION OF NORTH CAROLINA LAW (GS. 130A-96) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY.						
OBTAIN A CERTIFIED	ION OF NORTH CAR( COPY.	JLINA LAW (GS. 130A-96) TO I	MAKE A HALSE	SIALEMENTC	UN THIS APPLICATION	I OK TO UNLAWFULLY

Signature of Person Applying & Date Signed

Identification