



# Craig Olive

Register of Deeds - Johnston County

Putting People First

## APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

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

**NO CHECKS PLEASE!**

Date: \_\_\_\_\_

Number of Copies Requested: \_\_\_\_\_

### Birth Certificate

Full Name at Birth \_\_\_\_\_

First

Middle

Last

Date of Birth \_\_\_\_\_

Sex: \_\_\_\_\_

Male

Female

Full Name of Father \_\_\_\_\_

First

Middle

Last

Full Maiden Name of Mother \_\_\_\_\_

First

Middle

Maiden Last

### Death Certificate

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

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

Location (City or County) of Death \_\_\_\_\_

### Marriage Certificate

Full Name of Applicant 1: \_\_\_\_\_

Full Name of Applicant 2: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Month

Day

Year

Your relationship to the person whose certificate requested (circle appropriate relationship):

1. Self 2. Spouse 3. Brother/Sister 4. Child/Grandchild 5. Parent/Step-parent 6. Grandparent

7. Authorized agent, attorney or legal representative of the person listed 1-6 (proof required)

8. Other \_\_\_\_\_

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 (G.S. 130A-96) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY.**

\_\_\_\_\_  
Signature of person Applying

\_\_\_\_\_  
Identification

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

\_\_\_\_\_  
Telephone Number