

IT IS A FELONY VIOLATION OF NORTH CAROLINA LAW (G.S. 130A-26A) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF VITAL RECORDS.

DOCUMENTATION OF AUTHORITY MUST BE INCLUDED WITH THE REQUEST FOR AUTHORIZED AGENTS, ATTORNEYS OR LEGAL REPRESENTATIVES (N.C.G.S. 130A-93 AND -99)

APPLICATION FOR CERTIFIED COPY

BIRTH CERTIFICATE **Number of copies** ___ **Full size** **For Office Use**
Full Name at Birth _____
Date of Birth _____ Place of Birth _____ **Book** ___
Father's Full Name _____ **Page** ___
Mother's Full Maiden Name _____

DEATH CERTIFICATE **Number of copies** ___ **Full size**
Full Name of Deceased _____ **Book** ___
Date of Death _____ Place of Death _____ **Page** ___

MARRIAGE CERTIFICATE **Number of copies** ___ **Full size** ___ **Wallet**
Full Name of Groom _____
Full Maiden Name of Bride _____
Date of Marriage _____ Place of Marriage _____

The above certificate is: (Please circle your choice below)

- | | |
|------------------------------|---|
| 1. Myself | 6. Grandchild |
| 2. Spouse (Husband/Wife) | 7. Grandparent |
| 3. Child/Step-child | 8. Seeking information for legal determination of personal property rights |
| 4. Brother/Sister | 9. Authorized agent, attorney, or legal Representative of a person listed above |
| 5. Mother/Father/Step-Parent | |

A COPY OF A VALID DRIVER'S LICENSE OR GOVERNMENT ISSUED PICTURE I.D. IS REQUIRED.

Please forward **money order, cashiers check** or **cash** to:

**Edgecombe County Register of Deeds
Post Office Box 386
Tarboro, North Carolina 27886**

***Please include a self-addressed stamped envelope for copies to be sent back to you in.**

Applicant's Signature REQUIRED

Applicant's printed name

Applicant's mailing address