

**APPLICATION FOR CERTIFIED COPY OF VITAL RECORD
ALAMANCE COUNTY REGISTER OF DEEDS**

P.O. Box 837
118 W. Harden St.
Graham, N.C. 27253

IDENTIFICATION REQUIRED
Fee: \$10.00 per copy
(Cash Only)

DATE: _____
Register# _____
Certificate # _____

IDENTIFICATION REQUIRED

WARNING: MAKING A FALSE APPLICATION FOR A VITAL RECORD IS A FELONY UNDER STATE AND FEDERAL LAW

BIRTH CERTIFICATE	No. copies _____ Book _____ Page _____	
Full Name at Birth: _____		
First	Middle	Last
Date of Birth: _____		Year
Month	Day	
Father's Full Name: _____		
Mother's Full Maiden Name: _____		

DEATH CERTIFICATE	No. copies _____ Book _____ Page _____
Full Name of Deceased: _____	
Date of Death: _____	

MARRIAGE CERTIFICATE	No. copies _____ Book _____ Page _____
Full Name of Groom: _____	
Name of Bride (Maiden): _____	
Date of Marriage: _____	

THE CERTIFICATE OF THE ABOVE NAMED PERSON IS FOR:

(CIRCLE ONE OF THE FOLLOWING)

- | | |
|-------------------------------------|--|
| 1. My Own | 7. I am seeking information for legal determination of personal or property rights. |
| 2. My Spouse (husband/wife) | 8. I am an authorized agent, attorney, or legal representative of the person listed above. |
| 3. My Brother | (proof required) |
| 4. My Sister | See N.C. Gen. Stat. 130A-93 and -99 |
| 5. My Child/Stepchild/Grandchild | |
| 6. My Parent/Stepparent/Grandparent | |

I hereby certify that all the above information given is true to the best of my knowledge and belief.

Type of ID

DRIVER'S LICENSE #: _____

OTHER: _____

Applicant's Signature

Applicant's Name (Print/Type)

Applicant's Full Mailing Address

(City/State)