

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

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

DATE: _____

IDENTIFICATION REQUIRED
Fee: \$10.00 per copy
(Cash Only)
(Money Orders accepted
for requests via mail)

Please Include Phone #
for requests via mail.

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: _____
Month Day Year

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/Applicant I _____

Name of Bride (Maiden):/Applicant II _____

Date of Marriage: _____

THE CERTIFICATE OF THE ABOVE NAMED PERSON IS FOR:

(CHECK ONE OF THE FOLLOWING)

- | | |
|--|---|
| <input type="checkbox"/> My Own | <input type="checkbox"/> I am seeking information for legal determination of personal or property rights. |
| <input type="checkbox"/> My Spouse | <input type="checkbox"/> I am an authorized agent, attorney or legal representative of the person listed above. |
| <input type="checkbox"/> My Brother | (proof required) |
| <input type="checkbox"/> My Sister | See NC Gen. Stat. 130A-93 and-99 |
| <input type="checkbox"/> My Child/Stepchild/Grandchild | |
| <input type="checkbox"/> My Parent/Steparent/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: _____

(Must Send Copy of ID For Requests Via Mail)

Applicant's Signature

Applicant's Name (Print/Type)

Applicant's Full Mailing Address

(Include Self-Addressed Stamped Envelope for Return Via Mail)