

APPLICATION FOR VITAL RECORDS



320 Chestnut Street Suite 120
Wilmington N.C. 28401
Phone (910)798-4530
Fax (910) 798-7827

230 Government Center Drive Suite 180
Wilmington NC 28403
Phone (910)798-4530
Fax (910)798-7716

A valid government issued photo ID is required to obtain certified copies
Additional documentation may be required when requesting records other than your own

Uncertified Copies \$0.25 each (\$1 when mailed)

Certified Copies \$10.00 each

BIRTH CERTIFICATE

Number of copies Required: Certified _____ Uncertified _____

Full Name at Birth _____

Date of Birth _____ / _____ / _____

Full Name of Father _____

Full Name of Mother _____

DEATH CERTIFICATE

Number of Copies Required: Certified _____ Uncertified _____

Full Name of Deceased _____

Date of Death _____ / _____ / _____

MARRIAGE CERTIFICATE

Number of Copies Required: Certified _____ Uncertified _____

Full Name of Applicant 1 _____

Full Name of Applicant 2 _____

Date of Marriage _____ / _____ / _____

I hereby certify that all the information I have provided is true to the best of my knowledge. Note: It is a felony violation of N.C. Law (G.S. 130A-26A) to make a false statement on this application or to unlawfully obtain a copy or a certified copy of a vital record* By signing this form, you hereby certify that all the above information is true to the best of your knowledge

YOUR RELATIONSHIP TO THE PERSON WHOSE CERTIFICATE IS REQUESTED: (check one)

1. Self
2. Brother/Sister
3. Child
4. Spouse
5. Grandparent
6. Parent/Step-Parent
7. Authorized agent. Attorney or legal representative
Of the person listed. Documentation must be furnished.

Signature of Person Applying for Certificate

Street Address or P.O. Box

City, State and Zip Code

Telephone number

____/____/____
Date