

SEE NC GENERAL STATUTES (LAW) 130A-93C AND 99 (ON BACK)

DAVIDSON COUNTY REGISTER OF DEEDS
APPLICATION FOR CERTIFIED COPY OF VITAL RECORD
CERTIFIED COPIES ARE \$10.00 EACH

****PLEASE TYPE OR PRINT****

*****BIRTH CERTIFICATE**

Full Name at Birth _____

Date of Birth _____

Father's Full Name _____

Mother's Full Maiden Name _____

*****DEATH CERTIFICATE**

Full Name of Deceased _____

Date of Death _____

Number of Copies _____

*****MARRIAGE CERTIFICATE**

Full Name of Groom _____

Full Maiden Name of Bride _____

Date of Marriage _____

The Certificate of the above name person is:

- | | |
|---------------|---|
| 1. My Self | 7. My Grandparent |
| 2. My Spouse | 8. My Grandchild |
| 3. My Brother | 9. My Cousin |
| 4. My Sister | 10. I am seeking information for legal
determination of personal or property rights. |
| 5. My Child | 11. I am an authorized agent, attorney or legal
Representative of the person listed above,
(PROOF REQUIRED) |
| 6. My Parent | 12. Other: _____ |

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

Applicant's Signature

Applicant's Printed Name

Address

Date of Request

City & State

ID Information

Mail To: Davidson County Register of Deeds, PO Box 464, Lexington, NC 27293-0464

