

**Matthew S. Willis, Register of Deeds**

**305 W. CORNELIUS HARNETT BLVD, SUITE 200, LILLINGTON, NC 27546**

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

We accept cash, money order and credit/debit.

Date       Number of copies

 \_\_\_\_\_\_

**Birth Certificate**

Full Name at Birth

 (First Middle Last)

Date of Birth       Male [ ]  Female [ ]

Full Name of Father/Parent

 (First Middle Last)

Full Name of Mother/Parent

 (First Middle Last)

**Death Certificate**

Full Name of Deceased

Date of Death

Location (City or County) of Death

**Marriage Certificate**

Full Name of Groom/Applicant 1

Full Name of Bride/Applicant 2

Date of Marriage

Your relationship to the person whose certificate you are requesting (circle appropriate relationship)

1. Self 2. Spouse 3. Brother/Sister 4. Child/Grandchild 5. Parent/Step-parent 6. Grandparent

7. Authorized agent, attorney or legal representative of person listed (proof required) 8. Other

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

NOTE: IT IS A VIOLATION OF NORTH CAROLINA LAW (G.S. 130A-96) TO MAKE A FALSE STATEMENT ON THE APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFED COPY.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Applying Identification/If mailed, photocopy of ID and self-addressed stamped envelope

Address (Street or PO Box, City, State & Zip Code) Telephone Number