DUPLIN COUNTY APPLICATION FOR COPY OF A
VITAL RECORD

PLEASE PRINT:

BIRTH CERTIFICATE:

Full Name on Certificate: _____
First Name Middle Name Last Name

Date of Birth: _____ Sex: _____ _____
Month Day Year Male Female

Full Name of Father: _____
First Name Middle Name Last Name

Full Name of Mother: _____
First Name Middle Name Maiden Name

DEATH CERTIFICATE:

Full Name of Deceased: _____
First Name Middle Name Last Name

Date of Death: _____ Place of Death: _____
Month Day Year County

MARRIAGE CERTIFICATE:

Full Name of Applicant #1: _____
First Name Middle Name Last Name

Full Name of Applicant #2: _____
First Name Middle Name Last Name

Date of Marriage: _____ Location of Marriage: _____
Month Day Year County

YOUR RELATIONSHIP TO THE PERSON WHOSE CERTIFICATE IS REQUESTED:

(Circle One)

1. Self
2. Spouse
3. Brother/Sister
4. Child/Step-Child
5. Parent/Step-Parent
6. Grandparent
7. Authorized agent, attorney, or legal representative. (Proof Required)
8. Other: _____

I hereby certify that all the above information is true to the best of my knowledge. NOTE: IT IS A FELONY IN NORTH CAROLINA (G.S. 130A-26) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A VITAL RECORD.

_____ _____
Signature of Person Applying for Certificate Date

_____
Printed Name of Person Applying for Certificate

_____ (_____)_____
Address (Street or P.O. Box, City, State, and ZIP Code) Telephone Number

FOR OFFICIAL USE ONLY:

Volume _____ Page _____ Identification Furnished: _____
_____

Number of Copies Requested: Certified Copies Issued _____

Uncertified Copies Issued _____