

IT IS A FELONY VIOLATION OF NORTH CAROLINA LAW (G.S. 130A-26A) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF VITAL RECORDS.

DOCUMENTATION OF AUTHORITY MUST BE INCLUDED WITH THE REQUEST FOR AUTHORIZED AGENTS, ATTORNEYS OR LEGAL REPRESENTATIVES (N.C.G.S. 130A-93 AND -99)

APPLICATION FOR CERTIFIED COPY

**Certified copies are \$10.00 for full size
(We no longer offer the wallet size)**

BIRTH CERTIFICATE Number of copies __ Full Size **For Office Use**
Full Name at Birth _____
Date of Birth _____ Place of Birth _____ **Book** _____
Father/Parent's Full Name _____ **Page** _____
Mother/Parent's Full Name _____

DEATH CERTIFICATE Number of copies __ Full Size **Book** _____
Full Name of Deceased _____ **Page** _____
Date of Death _____ Place of Death _____

MARRIAGE CERTIFICATE Number of copies __ Full Size
Applicant 1 _____
Applicant 2 _____
Date of Marriage _____ Place of Marriage _____

The above certificate is: (Please circle your choice below)

- | | |
|-----------------------|--|
| 1. Myself | 6. Grandchild |
| 2. Spouse | 7. Grandparent |
| 3. Child/Step-Child | 8. Seeking Information for Legal determination of
personal property rights |
| 4. Brother/Sister | 9. Authorized Agent, Attorney, or Legal Representative of a person
listed above |
| 5. Parent/Step-Parent | |

A COPY OF A VALID DRIVER'S LICENSE OR GOVERNMENT ISSUED PICTURE I.D. IS REQUIRED

Please Forward Money Order, Cashiers Check or Cash to:

**Edgecombe County Register of Deeds
Post Office Box 386
Tarboro, North Carolina 27886**

*** Please include a Self-addressed stamped envelope
for copies to be sent back to you in.**

Applicant's Signature REQUIRED **Applicant's Printed Name**

Applicant's Mailing Address

Phone Number