

APPLICATION FOR COPY OF A VITAL RECORD

PLEASE PRINT

REG. SIZE \$10.00

BIRTH CERTIFICATE

Full Name on Birth Certificate _____
First Middle Last

Date of Birth _____ Sex _____

Full Name of Father/Parent _____
First Middle Last (Maiden)

Full Name of Mother/Parent _____
First Middle Last (Maiden)

DEATH CERTIFICATE

Full Name of Deceased _____
First Middle Last

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

MARRIAGE CERTIFICATE

Full Name of Groom/Applicant #1 _____
First Middle Last (Maiden)

Full Name of Bride/Applicant #2 _____
First Middle Last (Maiden)

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. Other

I hereby certify that all the above information is true to the best of my knowledge. NOTE: IT IS A FELONY TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A VITAL RECORD.

Signature of Person Applying for Certificate Print Name of Person Applying for Certificate Date

Address (Street or P.O. Box, City, State, & Zip) Telephone Number

Lynn C. Gilliard - Register
Chowan County Register of Deeds
101 S. Broad St
PO Box 487
Edenton, NC 27932

ATTACH PHOTO IDENTIFICATION

SEND ONLY MONEY ORDER OR CASHIER'S CHECK