

## Application for North Carolina Death, Marriage, or Divorce Record

North Carolina requires a \$15 fee for the search of the records, whether the record is located or not. If located, the search fee includes one copy. Additional copies are available for \$5 each if requested at the same time. **Make check or money order payable to North Carolina Vital Records.**

### Please Print

**Death Certificate**      **Number of Copies Requested:**    **Certified** \_\_\_\_\_    **Uncertified** \_\_\_\_\_

Full Name of Deceased \_\_\_\_\_

Date of Death (Month/Day/Year) \_\_\_\_ | \_\_\_\_ | \_\_\_\_      Age at Time of Death \_\_\_\_\_      Race \_\_\_\_\_

Location of Death (City or County) \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_ | \_\_\_\_ | \_\_\_\_

*Office Use Only:*

Book \_\_\_\_\_

Page \_\_\_\_\_

**Marriage Certificate**      **Number of Copies Requested:**    **Certified** \_\_\_\_\_    **Uncertified** \_\_\_\_\_

Full Name of Groom \_\_\_\_\_

Full Maiden Name of Bride \_\_\_\_\_

Date of Marriage (Month/Day/Year) \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Location of Marriage (City or County) \_\_\_\_\_

*Office Use Only:*

Book \_\_\_\_\_

Page \_\_\_\_\_

**Divorce Certificate**      **Number of Copies Requested:**    **Certified** \_\_\_\_\_    **Uncertified** \_\_\_\_\_

Full Name of Husband \_\_\_\_\_

Full Name of Wife \_\_\_\_\_

Date of Divorce (Month/Day/Year) \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Location of Divorce (City or County) \_\_\_\_\_

*Office Use Only:*

Book \_\_\_\_\_

Page \_\_\_\_\_

Required for all Certificates Requested

Your Relationship to the Person Whose Certificate is Requested: (Check one)

- |  |   |  |
|--|---|--|
| 1. <input type="checkbox"/> Self               | 6. <input type="checkbox"/> Grandparent   | <input type="checkbox"/> Other (for non-family use only) |
| 2. <input type="checkbox"/> Spouse (current)   | 7. <input type="checkbox"/> Authorized agent, attorney or legal representative of the person listed in 1-6 (Proof Required) |  |
| 3. <input type="checkbox"/> Brother/Sister     |   | Requestor _____  |
| 4. <input type="checkbox"/> Child              |   | How do you plan to use this record?<br>_____             |
| 5. <input type="checkbox"/> Parent/Step-Parent |   |  |

***I hereby certify that all the above information is true to the best of my knowledge. Note: It is a felony violation of North Carolina Law (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*

\_\_\_\_\_  
*Street Address or P.O. Box*

\_\_\_\_\_  
*City, State and Zip Code*

\_\_\_\_\_  
*Date*

(      )  
\_\_\_\_\_  
*Telephone Number*

*Office Use Only*

Identification Furnished  
\_\_\_\_\_  
\_\_\_\_\_

Amount Received \$ \_\_\_\_\_