

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 _____

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

- | | |
|-----------------------|-------------------------------|
| 1. Self | 6. Grandparent |
| 2. Spouse (current) | 7. Authorized agent, attorney |
| 3. Brother/Sister | or legal representative of |
| 4. Child | the person listed in 1-6 |
| 5. Parent/Step-Parent | (Proof Required) |

Other (for non-family use only)

Requestor _____

How do you plan to use this record?

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 \$ _____

Required for all Certificates Requested