

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD VANCE COUNTY ROD

Type of Payment: Cash, Money Order, Debit/or Credit.

No Personal Checks!

Birth Certificate:

Full Name at Birth: _____
First Middle Last

Date of Birth: _____ #of Copies Needed: _____
Month Day Year

Full Name of Parent 1: _____
First Middle Last (BEFORE MARRIAGE IF DIFFERENT)

Full Name of Parent 2: _____
First Middle Last (BEFORE MARRIAGE IF DIFFERENT)

Death Certificate:

Full Name of Deceased: _____

Date of Death: _____ #of Copies Needed: _____
Month Day Year

Location (City or County) of Death: _____

Marriage Certificate:

Full Name of Applicant 1: _____

Full Name of Applicant 2: _____

Date of Marriage: _____ # of Copies Needed: _____
Month Day Year

You're requesting a certified copy of a Vital Record for: (check appropriate box)

1. _____ Myself 2. _____ Spouse 3. _____ Brother/Sister 4. _____ Child/Step-child

5. _____ Parent/Step-parent 6. _____ Grandchild 7. _____ Grandparent

8. _____ Authorized agent, attorney or legal representative of the person whose certificate is requested. (proof required)

I hereby certify that all the above information is true to the best of my knowledge.

NOTE: IT IS A VIOLATION OF NORTH CAROLINA LAW (G.S. 130A-96) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY

Signature of Person Applying

Printed Name

Address (Street or PO Box City State & Zip Code)

Telephone Number

Identification Presented (ROD Staff Info)

Payment Type