

DUPLIN COUNTY APPLICATION FOR COPY OF A
VITAL RECORD

PLEASE PRINT

BIRTH CERTIFICATE:

Full Name on Certificate: _____
First Name Middle Name Last Name

Date of Birth: _____ Sex: _____
Month Day Year Male Female

Full Name of Father: _____
First Name Middle Name Last Name

Full Name of Mother: _____
First Name Middle Name Maiden Name

DEATH CERTIFICATE:

Full Name of Deceased: _____
First Name Middle Name Last Name

Date of Death.- _____ Place of Death: _____
Month Day Year County

MARRIAGE CERTIFICATE:

Full Name of Groom: _____
First Name Middle Name Last Name

Full Maiden Name of Bride: _____
First Name Middle Name Maiden Name

Date of Marriage: _____ Location of Marriage: _____
Month Day Year County

YOUR RELATIONSHIP TO THE PERSON WHOSE CERTIFICATE IS REQUESTED:

- (Circle one) 1. Self 4. Child/Step-Child 7. Authorized agent, attorney, or
legal representative.
2. Spouse 5. Parent/Step-Parent (Proof Required)
3. Brother/Sister 6. Grandparent 8. Other: _____

I hereby certify that all the above information is true to the best of my knowledge. NOTE: IT IS A FELONY IN
NORTH CAROLINA (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

Date

Printed Name of Person Applying for Certificate

Address (Street or P.O. Box, City, State, and ZIP Code)

(_____) _____
Telephone Number

FOR OFFICIAL USE ONLY.

Volume _____ Page _____ Identification Furnished: _____

Number of Copies Requested: Paper Certified Copies _____

Wallet Sized Certified Copies _____