



APPLICATION FOR COPIES OF VITAL RECORDS

Benjamin J. Curtis, Register of Deeds
170 NC 65, Suite 150, Reidsville, NC 27320

Certified Copies: \$10/each

Uncertified Copies: 25¢/each

Complete Appropriate Sections Below: (Print or Type)

SECTION 1A	BIRTH CERTIFICATE	Full Name at Birth: _____ First Middle Last	<input type="checkbox"/> Certified #copies _____ <input type="checkbox"/> Uncertified #copies _____	
		Place of Birth _____ Date of Birth: _____ (Hospital or City)		
		Father's Full Name: _____		
		Mother's Full Maiden Name _____ <i>Maiden name of mother is required</i>		
SECTION 1B	DEATH CERTIFICATE	Full Name of Deceased: _____ First Middle Last	<input type="checkbox"/> Certified #copies _____ <input type="checkbox"/> Uncertified #copies _____	
		Date of Death: _____ Location of Death (City): _____		
SECTION 1C	MARRIAGE CERTIFICATE	Full Name of Applicant 1: _____ First Middle/Maiden Last	<input type="checkbox"/> Certified #copies _____ <input type="checkbox"/> Uncertified #copies _____	
		Full Name of Applicant 2: _____ First Middle/Maiden Last		
		Date of Marriage: _____ Location of Marriage (City/County) _____		
SECTION 2	My Relationship to the Individual(s) named above: (Check One)			
		<input type="checkbox"/> 1. Self	<input type="checkbox"/> 3. Brother/Sister	<input type="checkbox"/> 5. Parent/Step-Parent
		<input type="checkbox"/> 2. Spouse	<input type="checkbox"/> 4. Child/Step-Child	<input type="checkbox"/> 6. Grandparent/Grandchild
		<input type="checkbox"/> Seeking information for legal determination of personal or property rights		
		<input type="checkbox"/> Authorized agent, attorney or legal representative of the person listed in 1-6 (Proof Required)		
SECTION 3	I certify that all the above information that I have provided is true to the best of my knowledge. Note: It is a felony violation of North Carolina Law to make a false statement on this application or to unlawfully obtain a certified copy of a birth certificate.			
		Signature of Person Requesting Certificate _____	Printed Name of Person Requesting Certificate _____	
		Physical Street Address _____	Date _____ Telephone Number _____	
		City, State and Zip Code _____	Office Use Only Type of ID Presented _____	

A PICTURE ID IS REQUIRED FOR CERTIFIED COPIES.

For requests by mail: Include a self-addressed, stamped envelope. If requesting a certified copy, include a copy of your current driver's license, state-issued ID or other approved photo ID.