JENNIFER LEGGETT WHITEHURST
BEAUFORT COUNTY REGISTER OF DEEDS
P O BOX 514
WASHINGTON NC 27889

APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD

(Certified copies are $10.00 each)

****ISSUED UNDER PROVISIONS OF N.C.G.S. 130A-93****

BIRTH CERTIFICATE

Full Name at Birth:_____

Date of Birth:_____

Father's Full Name:_____

Mother's Full **Maiden** Name:_____

DEATH CERTIFICATE

Full Name of Deceased:_____

Date of Death:_____

MARRIAGE CERTIFICATE

Applicant (Name at Birth):_____

Applicant (Name at Birth):_____

Date of Marriage:_____

The Request Certificate of the above named person is for (Circle One):

1. Self
2. My Spouse
3. My Brother or Sister
4. My Parent/Stepparent/Grandparent
5. My Child/Stepchild/Grandchild
6. I'm an authorized agent; attorney, or legal Representative for the person listed above.
7. I'm a funeral home or funeral service licensee.

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ID FURNISHED_____

I hereby certify that all the above information given is true to the best of my knowledge. NOTE: IT IS A FELONY VIOLATION IN NORTH CAROLINA TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A BIRTH CERTIFICATE.

_____
Applicant's Printed/Typed Name

_____
Applicant's Signature

_____
Street/PO Box

_____
City, State, Zip