

CUMBERLAND COUNTY REGISTER OF DEEDS

VITAL RECORDS SECTION

P. O. BOX 2039

FAYETTEVILLE, N. C. 28302

APPLICATION FOR BIRTH, DEATH OR MARRIAGE RECORDS

Document Fee Per Copy : Certified - \$10.00 / Uncertified - .25

Make Check or Money Order Payable to Register of Deeds * Please Print or Type *

BIRTH CERTIFICATE: *NUMBER OF COPIES:* *Certified* _____ *Uncertified* _____

Name at Birth _____

Date of Birth _____ County of Birth _____ Sex: *Male* _____ *Female* _____

Father's Name _____

Mother's Full Maiden Name _____

DEATH CERTIFICATE: *NUMBER OF COPIES:* *Certified* _____ *Uncertified* _____

Full Name of Deceased _____

Date of Death _____ County of Death _____

MARRIAGE CERTIFICATE: *NUMBER OF COPIES:* *Certified* _____ *Uncertified* _____

Name of Groom _____

Name of Bride (Maiden Name) _____

Date of Marriage _____ County of Marriage _____

The certificate of the above named person is for:

- 1. My Own
- 2. My Child
- 3. My Brother
- 4. My Sister
- 5. My Spouse
- 6. My Parent
- 7. My Grandchild
- 8. I am an authorized agent, attorney, or legal representative of the person listed above. (Proof Required)

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE.

NOTE: IT IS A CLASS I FELONY VIOLATION OF NORTH CAROLINA LAW G.S. 130A-26A (b) (1) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A VITAL RECORD.

DATE: _____

Applicant's Signature

\$ Amount Received _____

Applicant's Mailing Address

Person processing Request: _____

Phone (_____) _____

I.D. Furnished: _____