

CUMBERLAND COUNTY REGISTER OF DEEDS

VITAL RECORDS SECTION

P. O. BOX 2039

117 DICK STREET, ROOM 114

FAYETTEVILLE, N. C. 28302

FAYETTEVILLE, N. C. 28301

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)

Please be as accurate as possible to help in ensuring that you receive the correct requested documents

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

Name at Birth _____

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

Father/Parent _____

Mother/Parent (Maiden Name) _____

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

Full Name of Deceased _____

Date of Birth _____ Place of Birth _____ Sex: Male _____ Female _____

Father _____ Mother (Maiden Name) _____

Date of Death _____ County of Death _____

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

Name of Applicant 1 _____

Name of Applicant 2 (Maiden Name) _____

Date of Marriage _____ County of Marriage _____

My relationship to the above named person is: (You must provide documentation to prove relationship)

- ☐ 1. My Own
- ☐ 2. My Child
- ☐ 3. My Brother
- ☐ 4. My Sister
- ☐ 5. My Spouse
- ☐ 6. My Parent
- ☐ 7. My Grandchild/Grandparent
- ☐ 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. INCLUDE A COPY OF YOUR ID THAT IS VALID - THIS INCLUDES ANY STATE ID OR DRIVERS LICENSE, PASSPORT OR MILITARY ID. IF YOUR ID IS EXPIRED YOU CAN SEND THREE DIFFERENT DOCUMENTS/PAPERWORK THAT HAS YOUR NAME WRITTEN OR PRINTED ON IT. **PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE FOR THE RETURN OF YOUR REQUESTED DOCUMENTS.**

DATE: _____

Applicant's Signature

\$ Amount Received _____

Applicant's Mailing Address

Person Processing Request: _____

Phone: (_____) _____

I.D. Furnished: _____