

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

NAME AT BIRTH: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____

PLACE OF BIRTH: _____
(County) (State)

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

Specific Purpose for which this certificate is requested:

VITAL RECORDS ARE BY STATUTE CONFIDENTIAL. REQUESTING BIRTH CERTIFICATE OF
(CIRCLE ONE):

1. SELF
2. CHILD
3. SPOUSE
4. BROTHER
5. SISTER
6. PARENT
7. OTHER _____ (state relationship)

OR YOU ARE AN:

8. AUTHORIZED AGENT, ATTORNEY OR LEGAL REPRESENTATIVE OF A PERSON LISTED ABOVE. (DOCUMENTATION OF AUTHORITY MUST BE FURNISHED) SEE NC GS 130A-93 AND 99.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. WARNING: MAKING A FALSE APPLICATION FOR A VITAL RECORD IS A FELONY UNDER STATE AND FEDERAL LAW.

Applicant's signature

ID: _____

Name: _____

Mailing Address: _____

Phone #: _____