

Application for a Certified Copy of a Brunswick County Vital Record

**Fee: \$10 per copy
cash or money order
(no personal checks)**

**Register of Deeds
P.O. Box 87
Bolivia, NC 28422**

**Applicant's
Identification
required**

BIRTH

Name at birth:				
Date of birth:		No. Copies	Book	Page
Father/Mother name:				
Father/Mother name:				

DEATH

Full name of deceased:				
Date of death:		No. Copies	Book	Page

MARRIAGE

Name of Spouse 1:				
Name of Spouse 2:				
Date of marriage:		No. Copies	Book	Page

The certificate of the above named person and in accordance with the law provided by NCGS 130A-93 and 130A-99, only the person(s) listed below may obtain a certified copy of a vital record. Check one of the following:

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. Myself 2. Spouse (current) 3. Parent/Step-parent 4. Brother/Sister 5. Child/Step-child 6. Grandparent | <ul style="list-style-type: none"> 7. I am seeking information for legal determination of personal or property rights. 8. I am an authorized agent, attorney, or legal representative of the person listed above. (proof required) |
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I hereby certify that all the above information given is true to the best of my knowledge and belief. (It is a felony violation of North Carolina Law (NCGS 130A-26A) to make a false statement on this application or to unlawfully obtain a certified copy of a vital record.)

Applicant's Name: _____ Phone: _____

Applicant's Signature: _____ Date: _____

Applicant's Address: _____

Mail application, payment, and copy of applicant's government photo ID (driver's license, passport, etc...) to: BCROD, P.O. Box 87, Bolivia, NC 28422

Office Use Only: Volume _____ Page _____
 Amount Received \$ _____ Type of identification furnished: _____