

Application For Certified Copy Of A Brunswick County Vital Record

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BIRTH NAME AT BIRTH _____
DATE OF BIRTH _____
FATHER'S FULL NAME _____
MOTHER'S FULL NAME _____

DEATH FULL NAME OF DECEASED _____
DATE OF DEATH _____

MARRIAGE NAME OF GROOM _____
NAME OF BRIDE (MAIDEN) _____
DATE OF MARRIAGE _____

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:

1. Myself
2. My spouse
3. My mother/father
4. My sister/brother
5. My child
6. My parent/grandparent
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.

I hereby certify that all the above information given is true to the best of my knowledge and belief.
NOTE: 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 PRINTED/TYPED NAME

APPLICANT'S SIGNATURE

DATE

APPLICANT'S ADDRESS

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Amount Received \$ _____ Type of identification furnished: _____