

Application for uncertified copy of a Brunswick County Vital Record

Fee: 25¢ per copy
(cash or money order)
No personal checks

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

Include self-addressed
stamped envelope or 50¢
for mailing

<u>BIRTH</u>	Name at birth:			
	Date of birth:	No. Copies	Book	Page
	Father/Mother name:			
	Father/Mother name:			

<u>DEATH</u>	Full name of deceased:			
	Date of death:	No. Copies	Book	Page

<u>MARRIAGE</u>	Name of Spouse 1:			
	Name of Spouse 2:			
	Date of marriage:	No. Copies	Book	Page

The above-named person is for (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 determining of personal or property rights. 8. I am an authorized agent, attorney, or legal representative of the person listed above. |
|---|---|

Applicant's Name:

Phone:

Applicant's Signature:

Date:

Applicant's Address:

Mail application and payment (no personal checks) to: BCROD, P.O. Box 87, Bolivia, NC 28422

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