



Dana Varnam, Register of Deeds  
 Tara Evans, Assistant  
 Kelly Howard, Assistant

**Register of Deeds**  
 Phone: 910.253.2690 / Toll-Free: 877.625.9310  
 Fax (Main): 910.253.2703 / Fax (Vitals): 910.253.2922  
 Email: rod@brunswickcountync.gov  
 Location: Government Center Building I  
 75 Courthouse Drive NE, Bolivia, NC 28422

## APPLICATION FOR CERTIFIED COPIES

**\*\*IDENTIFICATION REQUIRED FOR ALL CERTIFIED COPIES\*\***

(Please print)

FEE: \$10.00 per Certified Copy

BIRTH CERTIFICATE: NUMBER OF COPIES: _____	BOOK: _____	PAGE: _____	SP# _____
			Office Use Only
Full Name at Birth _____			
Date of Birth _____			
Father's/Parent's Name _____			
Mother's/Parent's Full Maiden Name _____			

DEATH CERTIFICATE:	NUMBER OF COPIES: _____	BOOK: _____	PAGE: _____
Full Name of Deceased _____			
Date of Death _____			

MARRIAGE CERTIFICATE:	NUMBER OF COPIES: _____	BOOK: _____	PAGE: _____
Full Name of Applicant 1 _____			
Full Name of Applicant 2 _____			
Date of Marriage _____			

The certificate of the above named person is for:	
<input type="checkbox"/> Self <input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Spouse (Current Only) <input type="checkbox"/> Parent/Step Parent <input type="checkbox"/> Grandchild/Grandparent	<input type="checkbox"/> I am seeking information for legal determination of personal or property rights.  <input type="checkbox"/> I am an authorized agent, attorney, or legal representative of the person listed below (PROOF REQUIRED)

**\*WARNING: Under North Carolina Law (G.S. 130A-26A), it is a felony violation to fraudulently request a certified copy of a Vital Record.\***

I hereby certify that all the above information given is true to the best of my knowledge and belief.  
 (NC General Statutes 130A-93 and 130A-99)

\_\_\_\_\_  
 Applicant's Printed Name

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Applicant's Mailing Address

\_\_\_\_\_  
 Applicant's Mailing Address

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant's Phone Number

Office Use Only: Amount Received \$ _____	Issued By: _____
Type of identification furnished: _____	See Attached: _____