



**KRISTA M. LOWE**  
Randolph County Register of Deeds  
PO Box 4458  
Asheboro, NC 27204  
(336) 318-6960

## APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

### BIRTH CERTIFICATE

FULL NAME AT BIRTH \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
FATHER'S FULL NAME \_\_\_\_\_  
MOTHER'S FULL MAIDEN NAME \_\_\_\_\_

### DEATH CERTIFICATE

FULL NAME OF DECEASED \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_  
NUMBER OF COPIES \_\_\_\_\_

### MARRIAGE CERTIFICATE

FULL BIRTH NAME OF APPLICANT1/GROOM \_\_\_\_\_  
FULL BIRTH NAME OF APPLICANT2/BRIDE \_\_\_\_\_  
DATE OF MARRIAGE \_\_\_\_\_

THE CERTIFICATE OF THE ABOVE NAMED PERSON IS:

- |                     |   |
|---------------------|---|
| Myself              | My Parent/Step Parent   |
| My Spouse           | My Grandchild/Grandparent   |
| My Brother          | I am seeking information for legal determination of personal or property rights                         |
| My Sister           | I am an authorized agent, attorney, or legal representative of the person listed above (Proof required) |
| My Child/Step Child | Other: _____  |

**I hereby certify that all the above information given is true 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. (NCGS 130A-93; 130A-99)**

Applicant's signature: _____	Date of Request _____
Address _____	Phone Number _____
City/State _____	ID Information _____ <small>(Office Use Only)</small>

**\*\*PLEASE ENCLOSE A PHOTOCOPY OF YOUR PICTURE ID. A PICTURE ID IS REQUIRED FOR CERTIFIED COPIES\*\***

Return the signed application, along with \$10 fee (**Certified Check or Money Order**) and **self-addressed stamped envelope** to: Randolph County Register of Deeds, P. O. Box 4458, Asheboro, NC 27204