



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