



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

**APPLICATION FOR CERTIFIED COPY OF VITAL RECORD**

\*Valid Government Issued ID is required for all certified copies.\*

ID Provided: \_\_\_\_\_

**BIRTH CERTIFICATE** Number of copies requested: \_\_\_\_\_

Full Name at Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Check if 62 years or older: \_\_\_\_\_

Parent's Full Birth Name: \_\_\_\_\_

Parent's Full Birth Name: \_\_\_\_\_

**DEATH CERTIFICATE** Number of copies requested: \_\_\_\_\_

Full Name at Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_

**MARRIAGE CERTIFICATE** Number of copies requested: \_\_\_\_\_

Full Birth Name of Applicant 1/Groom: \_\_\_\_\_

Full Birth Name of Applicant 2/Bride: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

**My relationship to the individual named above:**

- Self
- Child/Step Child
- Spouse
- Sibling
- Other: \_\_\_\_\_
- Parent/Step Parent
- Grandchild/Grandparent
- I am seeking information for legal determination of personal or property rights
- I am an authorized agent, attorney, or legal representative of the person listed above (Proof required)

**I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (NCGS 130A-26A)**

**WARNING: MAKING A FALSE APPLICATION FOR A VITAL RECORD IS A FELONY UNDER STATE AND FEDERAL LAW. (NCGS 130A-93; 130A-99)**

Applicant's Printed Name: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Applicant's Street Address: \_\_\_\_\_ Applicant's Phone Number: \_\_\_\_\_

Applicant's City, State, Zip: \_\_\_\_\_ Date Requested: \_\_\_\_\_

**FOR REQUESTS VIA MAIL:**

**\*\*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