VITAL REQUEST FORM

Sharon A. Davis, Durham County Register of Deeds
Post Office Box 1107 Durham, NC 27702
Phone: 919-560-0493 Fax: 919-560-7221

Certified Copies (Birth/Death/Marriage) - $10 each – (to be used for legal purposes)
Uncertified Copies (Birth/Death/Marriage) - $1 each
Certified Marriage Certificate (Decorative only) w/ 2 laminated wallets - $20; w/ 1 laminated wallet - $17.50

BIRTH CERTIFICATE	Full Name at Birth: _____ First Middle Last Date of Birth: _____ Month/Day/Year Father's Full Name: _____ First Middle Last Mother's Full **Maiden** Name: _____ First Middle Last	☐ Certified #copies ____ ☐ Uncertified #copies ____ ***Office Use Only*** ___Cash ___Check ___CC ID Furnished ___ _____ Exp Date _____ Verified By _____
DEATH CERTIFICATE	Full Name of Deceased: _____ First Middle Last Date of Death: _____ Month/Day/Year	☐ Certified #copies ____ ☐ Uncertified #copies ____ ***Office Use Only*** ___Cash ___Check ___CC ID Furnished ___ _____ Exp Date _____ Verified By_____
MARRIAGE CERTIFICATE	Full Name of Groom or Applicant #1 _____ First Middle Last Full Name of Bride or Applicant #2: _____ First Middle Last Date of Marriage: _____ Month/Day/Year	☐ Certified #copies ____ ☐ Uncertified #copies ____ ☐ Wallet Size #wallets ____ ***Office Use Only*** ___Cash ___Check ___CC ID Furnished _____ __ Exp Date _____ Verified By _____

Your relationship to the person whose certificate is being requested: (Check One)
(Documents to show proof of relationship required)

☐ Self ☐ Spouse ☐ Sibling ☐ Child ☐ Parent/Step-Parent ☐ Grandparent ☐ Grandchild
☐ Seeking information for legal determination of personal or property rights
☐ Authorized agent, attorney or legal representative of the person(s) listed (Proof Required)

I hereby certify that all of the above information given is true to the best of my knowledge and belief (NC General Statute 130A-93 and 130A-99). A person who willfully and knowingly makes any false statement in an application for a certified copy of a vital record, or who willfully and knowingly supplies false information intending that the information be used in the obtaining of any copy of a vital record shall be guilty of a Class I felony. (NC General Statute 130A-26A)

_____
Signature of Person Requesting Certificate

_____
Printed Name of Person Requesting Certificate

_____
Physical Street Address

_____
City, State and Zip Code

_____ _____
Telephone Number Today's Date

_____
Name on Credit Card

_____
Credit Card # (Visa, MasterCard, Discover)

_____ ___ _____
Expiration Date Security Code

**** A state-issued picture ID (current driver's license, ID or passport) is required for certified copies.*