

## **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:		Certified #copies
	First Middle	Last	☐ Uncertified #copies
	Date of Birth: Month/Day/Year		Office Use Only
	Monthly Day, real		CashCheckCC
	Father's Full Name:		ID Furnished
3IRT	First Middle	Last	Exp Date Verified By
	Mother's Full Maiden Name:		
	First Mi	iddle Last	
			☐ Certified #copies
DEATH CERTIFICATE	Full Name of Deceased		Uncertified #copies
	Full Name of Deceased:	 Last	Office Use Only
			CashCheckCC
	Date of Death:		ID Furnished
	Month/Day/Year		Exp Date Verified By
	Full Name of Groom or Applicant #1		
MARRIAGE CERTIFICATE			Certified #copies
	First Middle	Last	☐ Uncertified #copies ☐ Wallet Size #wallets
	i iist iviidale	Last	wallet Size #wallets
	Full Name of Bride or Applicant #2:		Office Use Only
AGE			CashCheckCC
RRI	First Middle	Last	ID Furnished
Σ	Date of Marriage:	_	Exp Date Verified By
	Month/Day/Year		
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 (Proof Required)			
☐ 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		Name on Credit Card	
Printed Name of Person Requesting Certificate		Credit Card # (Visa, Mast	erCard, Discover)
Physical Street Address E		Expiration Date Se	curity Code
City, State and Zip Code En		Email Address	
		*** A state-issued picture IE	) (current driver's license, ID
Teler	hone Number Today's Date	or passport) is required	for certified copies.