

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD  
CAMDEN COUNTY, NC

**BIRTH CERTIFICATE**

NAME at Birth \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME \_\_\_\_\_

**MARRIAGE LICENSE**

GROOM'S FULL NAME \_\_\_\_\_ DATE OF MARRIAGE \_\_\_\_\_

BRIDE'S FULL MAIDEN NAME \_\_\_\_\_

**DEATH CERTIFICATE**

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

**FEE: \$10.00**

THE CERTIFIED COPY OF THE ABOVE RECORD IS BEING OBTAINED FOR MY:  
(ONE OF THE FOLLOWING)

- 1. SELF
- 2. SPOUSE
- 3. BROTHER
- 4. SISTER
- 5. CHILD/STEP-CHILD
- 6. PARENT/ STEP-PARENT
- 7. GRANDCHILD/ STEP-GRANDCHILD
- 8. GRANDPARENT/ STEP-GRANDPARENT
- 9. AUTHORIZED AGENT, ATTORNEY OR LEGAL REPRESENTATIVE OF THE ABOVE NAMED PERSON
- 10. I AM SEEKING INFORMATION FOR LEGAL DETERMINATION OF PROPERTY RIGHTS

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DRIVERS LICENSE/ PHOTO ID # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PO BOX 64, 117 N. HWY. 343, CAMDEN, NC 27921

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

\*\*\*\*\*COPY OF PHOTO ID REQUIRED FOR ALL CERTIFIED COPIES\*\*\*\*\*