STANLY COUNTY REGISTER OF DEEDS

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

P.O. BOX 97 ALBEMARLE, NC 28002 704 986-3640

(PLEASE	PRINT	OR TYPE
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BIRTH CERTIFICATE					
BIRTH CERTIFICATE NAME:					
	FIRST	MIDDLE	LAST		
DATE OF BIRTH:			Sex:	MaleFemale	
MONTH			EAR		
FATHER'S FULL NAME:					
MOTHER'S FULL NAME:					
PLACE OF BIRTH:					
DEATH CERTIFICATE					
DEATH CERTIFICATE NAME:					
	FIRST	MIDDLE	LAST		
DATE OF DEATH:					
	MONTH	DAY	YEAR		
LOCATION OF DEATH (County):					
MARRIAGE CERTIFICATE					
DATE OF MARRIAGE:	MONTH	DAY	YEAR		
	WONTH	DAT	TLAN		
GROOMS FULL NAME:					
	FIRST	MIDDLE	LAST		
BRIDES FULL NAME:					
51115 20 1 0 22 1 11 1112 1	FIRST	MIDDLE	LAST		
	THE CERTIFICATE OF THE ABOV	/E NAMED IS FOR: (CIRCLE ONE OF THE	FOLLOWING)		
1. MYSELF		6. MY CHILD/GRANDCI	HILD		
2. MY BROTHER/SISTER			T, ATTORNEY OR LEGAL	REPRESENTIVE OF	
3. MY SPOUSE		PERSON LISTED IN 1-6			
4. MY PARENT/GRANDPARENT		8. FUNERAL DIRECTOR	/LICENSEE		
I hereby certify that all the in	nformation is true to the bes	st of my knowledge. NOTE: It is a fe	elony violation of Nor	th Carolina Law (G.	
	statement on this application	on or to unlawfully obtain a cert	ified copy of a birth	, death or marria	
certificate.					
SIGNATURE OF APPLICANT:			DATE:		
PRINT SIGNATURE:					
ADDRESS:					
EMAIL ADDRESS:		TELEPHONE:			
	•••••		• • • • • • • • • • • • • • • • • • • •	•••••	
FOR OFFICE USE ONLY:					
VolumePage		Other			
Amount Received: \$		Identification Furnishe	ed:		
Number of Copies Requested:		Person Processing:			

CHARGE \$10.00 CASH, CERTIFIED FUNDS OR MONEY ORDER

IF MAILING IN REQUEST, FOR FASTER SERVICE PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE.