

Deputy: _____
Date: _____
Book: _____ / Page: _____



PERSON COUNTY REGISTER OF DEEDS
21 ABBITT STREET | ROXBORO, NC 27573
Lauren W. Horak, REGISTRAR

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD
Fee: **\$10.00 per certified copy** – cash, check, or card accepted

BIRTH CERTIFICATE

of Copies: _____

Child's Name at Birth: _____

Date of Birth: _____

Father's Name: _____

Mother's Full Maiden Name: _____

DEATH CERTIFICATE

of Copies: _____

Full Name of Deceased: _____

Date of Death: _____

MARRIAGE CERTIFICATE

of Copies: _____

Name of Applicant 1: _____

Name of Applicant 2: _____

Date of Marriage: _____

RELATION

The person's name listed above is

- ☐ My Own
- ☐ My Child
- ☐ My Sibling
- ☐ My Parent
- ☐ My Spouse
- ☐ My Grandchild
- ☐ My Grandparent
- ☐ Funeral Home

REASON FOR APPLICATION

- ☐ I am seeking information for legal determination of person or property rights.
- ☐ I am an authorized agent, attorney, or legal representative of the person listed above.
- ☐ Personal records
- ☐ Other: _____

APPLICANT CERTIFICATION & SIGNATURE

I hereby certify that all of the above information given is true to the best of my knowledge and belief, in accordance with NC GS 130A-93 and 13A-99.

Applicant's Signature: _____

Applicant's Mailing Address: _____

Applicant's Phone: _____