



KRISTA M. LOWE
 Randolph County Register of Deeds
 PO Box 4458
 Asheboro, NC 27204
 (336) 318-6960

For Office Use Only:

Cash

Check Card # _____

Escrow Account

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

Valid Government Issued ID is required for all certified copies.

ID Provided: _____

BIRTH CERTIFICATE Number of copies requested: _____

Full Name at Birth: _____

Date of Birth: _____ Check if 62 years or older: _____

Parent's Full Birth Name: _____

Parent's Full Birth Name: _____

DEATH CERTIFICATE Number of copies requested: _____ Use Escrow Account: _____

Full Name at Death: _____

Date of Death: _____

MARRIAGE CERTIFICATE Number of copies requested: _____

Full Birth Name of Applicant 1/Groom: _____

Full Birth Name of Applicant 2/Bride: _____

Date of Marriage: _____

- My relationship to the individual named above:**
- Self
 - Child/Stepchild
 - Spouse
 - Sibling
 - Other: _____
 - Parent/Stepparent
 - Grandchild/Grandparent
 - I am seeking information for legal determination of personal or property rights
 - I am an authorized agent, attorney, or legal representative of the person listed above (Proof required)

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (NCGS 130A-26A)

WARNING: MAKING A FALSE APPLICATION FOR A VITAL RECORD IS A FELONY UNDER STATE AND FEDERAL LAW. (NCGS 130A-93; 130A-99)

Applicant's Signature: _____ Applicant's Printed Name: _____

Applicant's Street Address: _____ Applicant's Phone Number: _____

Applicant's City, State, Zip: _____ Date Requested: _____

FOR REQUESTS VIA MAIL:

****ENCLOSE A PHOTOCOPY OF YOUR PICTURE ID. A PICTURE ID IS REQUIRED FOR CERTIFIED COPIES****
 Return the signed application, along with \$10 fee (**Certified Check or Money Order**) and **self-addressed stamped envelope** to: Randolph County Register of Deeds, P. O. Box 4458, Asheboro, NC 27204