

Vital Records Request Form

Orange County Application for Certified Copies of Birth, Death or Marriage Records
Register of Deeds Office Location: Gateway Center, 228 South Churton Street, 3rd Floor, Hillsborough, NC 27278
Mailing Address: Register of Deeds, P.O. Box 8181, Hillsborough, NC 27278

Forms of payment accepted in the Register of Deeds Office (Walk-in ONLY):
Cash, Debit/Credit Card (*convenience fee applied), Money Order, Certified Bank Check or Business Check
No Personal Checks Accepted

IDENTIFICATION REQUIRED FOR ALL CERTIFIED COPIES

Mail-In Request ONLY

Type of ID attached _____

Attach a copy of a VALID photo ID
(Driver's License, State issued ID card, or Passport)

Forms of payment accepted for Mail-In Request:

(made payable to: Orange County Register of Deeds)

Money Order

Certified Bank Check

Business Check

(No Personal Checks or Debit/Credit Cards)

Office Use Only

Type of ID Presented _____

Cash \$ _____

Money Order/Certified Bank Check/Business Check # _____ \$ _____

Debit/Credit Card - Visa, MasterCard, Discover, American Express

***convenience fee will be applied (2.5%, minimum \$2.00)**

\$ _____ + \$ _____ = \$ _____
Amount *Convenience Fee Total Charged

PLEASE PRINT

Birth Certificate: **Number of Copies Requested:** _____ **Full Size:** _____ (**\$10.00 each**) **Wallet Size:** _____ (**\$12.00 each**)
(Full Size valid for any legal purpose) (Wallet Size is not accepted for all legal purposes)

Full Name at Birth: _____

Date of Birth: _____

Father's Name: _____

Mother's Full **Maiden** Name: _____

Death Certificate: **Number of Copies Requested:** _____ (**\$10.00 each**)

Full Name of Deceased: _____

Date of Death: _____

Marriage Certificate: **Number of Copies Requested:** _____ (**\$10.00 each**)

Full Name of Applicant 1: _____

Full Name of Applicant 2: _____

Date of Marriage: _____

REQUIRED for All Certificates Requested

THE CERTIFICATE ABOVE IS: (Please circle one of the following)

MY OWN

MY PARENT

AUTHORIZED AGENT, ATTORNEY OR LEGAL REPRESENTATIVE
OF THE PERSON LISTED (PROOF REQUIRED)

MY CHILD

MY GRANDCHILD/GRANDPARENT

MY SISTER

MY STEP-PARENT

MY BROTHER

MY STEP-CHILD

MY SPOUSE (CURRENT)

**WARNING: MAKING A FALSE APPLICATION FOR A VITAL RECORDS IS A FELONY UNDER STATE AND FEDERAL LAW
(N.C.G.S. 130A-26A)**

**I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
(N.C.G.S. 130A-93 AND 130A-99).**

Signature of Person Applying for Certificate

Printed Name of Person Applying for Certificate

Today's Date

Full Mailing Address (Street Address or P.O. Box, City, State, Zip Code)

Telephone Number