

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	Office Use Only
Type of ID attached _____ Attach a copy of a <u>VALID</u> photo ID (Driver's License, State issued ID card, or Passport)	Type of ID Presented _____
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)	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) <small>(Full Size valid for any legal purpose)</small>	Wallet Size: _____ (\$12.00 each) <small>(Wallet Size is not accepted for all legal purposes)</small>
Full Name at Birth: _____			
Date of Birth: _____			
Parent's Current Legal Name: _____		Maiden Name (if applicable): _____	
Parent's Current Legal Name: _____		Maiden Name (if applicable): _____	
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Death Certificate:	Number of Copies Requested: _____ (\$10.00 each)		
Full Name of Deceased: _____			
Date of Death: _____			
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Marriage Certificate:	Number of Copies Requested: _____ (\$10.00 each)		
Full Name of Applicant 1: _____		Maiden Name (if applicable): _____	
Full Name of Applicant 2: _____		Maiden Name (if applicable): _____	
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
MY CHILD	MY GRANDCHILD/GRANDPARENT	LEGAL REPRESENTATIVE OF THE PERSON LISTED
MY SISTER	MY STEP-PARENT	(PROOF REQUIRED)
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