APPLICATION FOR COLUMBUS COUNTY BIRTH AND/OR DEATH CERTIFICATE(S) \$10.00 PER CERTIFIED COPY

Register of Deeds Vital Records

<u>BIRTH CERTIFICATE INFORMATION</u> (All adoptions are on file at N.C. Vital Records, 225 North McDowell Street, Raleigh, NC 27603.)

| Name at Birth: | First Name | | Middle Name | | | Last Name | |
|---------------------------------------|-----------------------------|-----------------|---------------------------|--------------|-----------------|------------------------|--|
| Date of Birth: | 1 | 1 | | Sex: | Male 🗌 | Female | |
| Date of Dirth: | Month | Day | Year | SCA. | Maic | remare | |
| Full Name of Father: | First Name | | Middle Name | | | Last Name | |
| Full Name of Mother | | | | | | | |
| | First Name | | Middle Name | 16 | | Maiden Name (Required) | |
| Race:Applicant is <i>(click in b)</i> | | | Number of C | Certified C | opies: | | |
| A. Requesting ow | · · | te | | | | | |
| | | | ndicating relationship) | | | | |
| Spouse | | Sister | Parent or Step-F | Parent | | | |
| Brother | | Child | Grandparent | urent | | | |
| ☐ Grandchild | l – You are the | | | | | who is listed as the | |
| | | , | one) of the child whose | | | uested. | |
| | - | | of personal or property | - | | | |
| | ent, attorney, or | legal represen | tative of a person listed | l in A, B, o | or C above. (1 | N. C. General Statutes | |
| 13CA 93-99) Liberary certify that all | the above info | mation is true | to the best of my know | zledae NC | TF. IT IS A | FELONY VIOLATION | |
| 2 2 | | | 2 | _ | | APPLICATION OR TO | |
| | , | , | F A BIRTH CERTIFIC | | | | |
| | | | | | | | |
| Applicant's Signature | | Applica | nt's Address, City & St | tate | | Date | |
| DEATH CERTI | FICATE IN | FORMAT | ION | | | | |
| DEATH CERTI | | TORMIT | ION | | | | |
| Name at Death: | | | | | Lood Nove- | | |
| | First Name Middle Name | | | | | Last Name | |
| Date of Death: | onth | | Year | Sex: | Male \square | Female 🗌 | |
| Place of Death: | onui Day | | rear | | | | |
| Race: | Number of Certified Copies: | | | | | | |
| Applicant is <i>(click in b)</i> | oox) | | Number of C | ei tilleu C | opies. | | |
| A. Requesting death c | | ck in box indic | ating relationship) | | | | |
| ☐ Spouse | | Sister | Parent or Step-P | arent | | | |
| Brother | | Child | Grandparent | | | | |
| | I– You are the p | - | | | | who is listed as the | |
| | | | ne) of the child whose of | | ficate is reque | ested. | |
| | | | of personal or property | | | | |
| C. \Box Authorized age | nt, attorney, or | legal represent | ative of a person listed | in A, B, o | or C above (A | V. C. General Statutes | |
| 13CA 93-99) The above information | is true and cov | rect to the hes | t of my knowledge and | l helief | | | |
| ine uvove injoimullon | is iruc unu cor | ieci io ine des | i oj my knowieuge unu | i venej. | | | |
| Annligant's Cignature | | A 1 · | antla Addina Circ 0 C | Ttata | | Data | |
| Applicant's Signature | | Аррис | ant's Address, City & S | siaie | | Date | |

Mail to: Columbus County Register of Deeds, Vital Records, P. O. Box 1086, Whiteville N.C. 28472 Enclose \$10.00 check for each certified copy and a copy of a photo identification. Questions? - Call - (910)640-6625