APPLICATION FOR CERTIFIED COPY OF VITAL RECORD
CAMDEN COUNTY, NC

BIRTH CERTIFICATE

NAME at Birth _____ DATE OF BIRTH _____

FATHER'S NAME _____

MOTHER'S FULL **MAIDEN** NAME _____

MARRIAGE LICENSE

GROOM'S FULL NAME _____ DATE OF MARRIAGE _____

BRIDE'S FULL **MAIDEN** NAME _____

DEATH CERTIFICATE

DECEASED FULL NAME _____ DATE OF DEATH _____

FEE: $10.00

THE CERTIFIED COPY OF THE ABOVE RECORD IS BEING OBTAINED FOR MY:
(ONE OF THE FOLLOWING)

1. SELF
2. SPOUSE
3. BROTHER
4. SISTER
5. CHILD/STEP-CHILD
6. PARENT/ STEP-PARENT
7. GRANDCHILD/ STEP-GRANDCHILD
8. GRANDPARENT/ STEP-GRANDPARENT
9. AUTHORIZED AGENT, ATTORNEY OR LEGAL REPRESENTATIVE OF THE ABOVE NAMED PERSON
10. I AM SEEKING INFORMATION FOR LEGAL DETERMINATION OF PROPERTY RIGHTS

DATE: _____ SIGNATURE OF APPLICANT _____

PRINTED NAME _____

DRIVERS LICENSE/ PHOTO ID # _____

ADDRESS _____

PO BOX 64, 117 N. HWY. 343, CAMDEN, NC 27921-0190

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

**********COPY OF PHOTO ID REQUIRED FOR ALL CERTIFIED COPIES **********