

DATE \_\_\_\_\_ IDENTIFICATION \_\_\_\_\_ BOOK \_\_\_\_\_ PAGE \_\_\_\_\_ PAID \_\_\_\_\_

**CASWELL COUNTY REGISTER OF DEEDS  
P. O. BOX 98, YANCEYVILLE, N. C. 27379**

**APPLICATION FOR CERTIFIED COPY OF A VITAL RECORD**

**\$10.00 PER COPY**

**BIRTH CERTIFICATE**

NAME AT BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME \_\_\_\_\_

**DEATH CERTIFICATE**

FULL NAME OF DECEASED \_\_\_\_\_

DATE AND PLACE OF DEATH \_\_\_\_\_

**MARRIAGE CERTIFICATE**

NAME OF GROOM \_\_\_\_\_

NAME OF BRIDE \_\_\_\_\_

DATE OF MARRIAGE \_\_\_\_\_

THE CERTIFICATE OF THE ABOVE NAMED PERSON IS FOR:

- |               |                                     |
|---------------|-------------------------------------|
| 1. MY SELF-   | 7. GRANDPARENT                      |
| 2. MY SPOUSE  | 8. GREAT-GRANDPARENT                |
| 3. MY BROTHER | 9. STEP PARENT                      |
| 4. MY SISTER  | 10. STEP CHILDREN                   |
| 5. MY CHILD   | 11. GRANDCHILDREN & GREAT           |
| 6. MY PARENT  | 12. AUNTS,UNCLES & COUSINS EXCLUDED |

13. I AM SEEKING INFORMATION FOR LEGAL DETERMINATION OF PERSONAL OR PROPERTY RIGHTS.

14. I AM AN AUTHORIZED AGENT, ATTORNEY OR LEGAL REPRESENTATIVE OF THE PERSON LISTED ABOVE (PROOF REQUIRED)

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

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**APPLICANT'S ADDRESS**