VITAL RECORDS APPLICATION

MARTIN COUNTY REGISTER OF DEEDS
PO BOX 348
WILLIAMSTON, NC 27892
PHONE: (252) 789-4320

OR

MAIL TO:
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MARTIN COUNTY'S FEES: FULL SIZE $10.00

IDENTIFICATION REQUIRED: NC DRIVERS' LICENSE / NC ID CARD #__________________________________

SOCIAL SECURITY # / OTHER ID #________________________________

BIRTH CERTIFICATE **# OF COPIES** ________

NAME (AT BIRTH)____
DATE OF BIRTH (MMDDYY)____
FATHER'S FULL NAME__________ _____________________________________
MOTHER'S FULL MAIDEN NAME______________________________________

OFFICE USE ONLY
VOLUME ________
PAGE ________

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DEATH CERTIFICATE **# OF COPIES**_________

NAME OF DECEASED____
DATE OF DEATH (MMDDYY)____

OFFICE USE ONLY
VOLUME________
PAGE ________

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MARRIAGE CERTIFICATE **# OF COPIES**_________

NAME OF SPOUSE 1 ____
NAME OF SPOUSE 2 ____
DATE OF MARRIAGE____

OFFICE USE ONLY
VOLUME________
PAGE ________

THE CERTIFICATE OF THE ABOVE NAMED PERSON IS FOR MY: **(CIRCLE ONE)**

1. SELF 2. SPOUSE 3. BROTHER 4. SISTER 5. CHILD 6. PARENT 7. GRANDPARENT

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

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

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

******GIVING FALSE INFORMATION (INTENTIONALLY) COULD LEAD TO YOUR ARREST!!!***

____________________	____________________	____________________
SIGNATURE	DATE	PHONE # (INCLUDE AREA CODE)

____________________	____________________	__________	__________
ADDRESS	CITY	STATE	ZIP CODE