APPLICATION FOR COPIES OF VITAL RECORDS

Rebecca L. Pollard, Onslow County Register of Deeds
109 Old Bridge St. Jacksonville, NC 28540
910-347-3451 www.onslowcountync.gov/register

Certified Copies are $10/each
Uncertified Copies are $1/each by mail
Cash or Money Orders

Complete All 3 Sections: (Print or Type)

SECTION 1

BIRTH CERTIFICATE

Full Name at Birth: _____
First Middle Last

Place of Birth _____ Date of Birth: _____
(Hospital or City/County)

Parent's Full Name: _____

Parent's Full Name: _____
Maiden name of mother is required

☐ Certified #copies _____
☐ Uncertified #copies _____

Office Use Only
Type of ID Presented _____
Book/Page _____
Certificate # _____

DEATH CERTIFICATE

Full Name of Deceased: _____
First Middle Last

Date of Death: _____

Location of Death (City/County): _____

☐ Certified #copies _____
☐ Uncertified #copies _____

Office Use Only
Type of ID Presented _____
Book/Page _____
Certificate # _____

MARRIAGE CERTIFICATE

Full Name of Spouse1: _____
First Middle Last

Full Name of Spouse 2: _____
First Middle Last

Date of Marriage: _____

Location of Marriage (City/County) _____

☐ Certified #copies _____
☐ Uncertified #copies _____

Office Use Only
Type of ID Presented _____
Book/Page _____
Certificate # _____

SECTION 2

Your Relationship to the Person Whose Certificate is Requested: (Check One)

☐ 1. Self
☐ 2 Spouse
☐ 3. Brother/Sister
☐ 4. Child/Step-Child
☐ 5. Parent/Step-Parent
☐ 6. Grandparent/Grandchild
☐ Seeking information for legal determination of personal or property rights
☐ Authorized agent, attorney or legal representative of the person listed in 1-6 (Proof Required)

SECTION 3

I certify that all the above information that I have provided is true to the best of my knowledge. Note: It is a felony violation of North Carolina Law to make a false statement on this application or to unlawfully obtain a certified copy of a birth certificate.

_____
Signature of Person Requesting Certificate

_____
Printed Name of Person Requesting Certificate

_____
Physical Street Address

_____ Date

(____)_____ Telephone Number

_____
City, State and Zip Code

A picture ID is required for certified copies.

For requests by mail: ***Include a self-addressed, stamped envelope. If requesting a certified copy, include a copy of your current driver's license, state -issued ID or other approved photo ID along with the appropriate fee.***