SURRY COUNTY APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS

Return to: Register of Deeds, PO Box 303, Dobson, NC 27017

Fee: \$10.00 for each certified copy (in-state checks, cash, debt or credit cards. We do not accept outof-state checks; this includes bank and/or your address)

	DATE:
BIRTH CERTIFICATE:	
FULL NAME AT BIRTH:	
DATE OF BIRTH:	
DEATH CERTIFICATE:	
FULL NAME OF DECEASED:	
DATE OF DEATH:	
	<u>Y</u>
MARRIAGE LICENSE:	
DATE OF MARRIAGE:	
THE CERTIFICATE OF THE ABOVE NA	AMED PERSON IS FOR: (PLEASE CIRCLE ONE OF THE FOLLOWING)
1. MYSELF	7. MY DIRECT ANCESTOR
2. MY SPOUSE	8. FUNERAL HOME (DEATH CERTIFICATES ONLY)
3. MY BROTHER OR SISTER	9. I AM SEEKING INFORMATION FOR LEGAL
4. MY CHILD/STEPCHILD	DETERMINATION OF PERSONAL/PROPERTY RIGHTS.
5. MY PARENT/STEPPARENT	10. I AM AN AUTHORIZED AGENT, ATTORNEY OR LEGAL
6. MY GRANDCHILD	REPRESENTATIVE OF THE PERSON LISTED.
	11. OTHER
	(SEE NC GEN. STATUTE 130A-93 & 99)
	How do you plan to use this record?
I hereby certify that all the above (NC General Statute 130A-93 & 13	information given is true to the best of my knowledge and belief 30A-99)
Applicant's signature	Applicant's name (print or type)
Applicant's full mailing address	
Applicant's full mailing address	
Telephone number()	

WARNING

G.S.130A-26A(b)(1) A person who commits any of the following acts be guilty of a Class 1 felony: Willfully and knowingly makes any statement in an application for a certified copy of a vital record, or willingly and knowingly supplies false information intending that information be used in the obtaining of any copy of a vital record.