

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, debit or credit cards, money order. We do not accept out-of-state checks; this includes bank and/or your address) **VALID ID REQUIRED**

DATE: _____

BIRTH CERTIFICATE:

FULL NAME AT BIRTH: _____

DATE OF BIRTH: _____

PARENT 1/FATHER FULL NAME: _____

PARENT 2/MOTHER FULL MAIDEN NAME: _____

DEATH CERTIFICATE:

FULL NAME OF DECEASED: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____ **SURRY** _____

MARRIAGE LICENSE:

NAME OF APPLICANT 1/GROOM: _____

NAME OF APPLICANT 2/BRIDE: _____

DATE OF MARRIAGE: _____

THE CERTIFICATE OF THE ABOVE NAMED 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 DETERMINATION OF PERSONAL/PROPERTY RIGHTS. |
| 4. MY CHILD/STEPCHILD | 10. I AM AN AUTHORIZED AGENT, ATTORNEY OR LEGAL REPRESENTATIVE OF THE PERSON LISTED. |
| 5. MY PARENT/STEPPARENT | 11. OTHER _____
(SEE NC GEN. STATUTE 130A-93 & 99) |
| 6. MY GRANDCHILD | |

How do you plan to use this record? _____

I hereby certify that all the above information given is true to the best of my knowledge and belief. (NC General Statute 130A-93 & 130A-99)

Applicant's signature

Applicant's name (print or type)

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.