

North Carolina Department of Health and Human Services  
 Division of Public Health • Vital Records Unit  
<http://vitalrecords.nc.gov/vitalrecords>

Mail: 1903 Mail Service Center  
 Raleigh, NC 27699-1903

Location: 225 North McDowell St.  
 Raleigh, NC 27603-1382

## Application for a Copy of North Carolina Birth Certificate

A Birth Certificate search costs \$24 and includes one copy if a certificate is located. The search covers a three-year period. **This search fee is non-refundable.** There is a \$15 fee for each additional certificate copy requested from the same search. Delivery time is up to 12 weeks plus mail time. If you want same-day walk-in service, an additional \$15 expedited processing fee is required. Mail-in applicants may also receive expedited service. **Include the \$15 expedite fee and write "Expedite" on the envelope.** Expedited mail requests will be processed within two weeks of receipt (please allow for additional mailing time or pay for overnight delivery). Make your certified check or money order payable to "NC Vital Records." Please do not send cash in the mail. **Personal checks are not accepted.** If you have questions, our telephone number is 919-733-3000.

**Please Print**

Full Name on Certificate

\_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Sex  Male  Female

Place of Birth

\_\_\_\_\_  
City County

Were parents married at time of birth?  Yes  No

Full Name of Father

\_\_\_\_\_  
First Name Middle Name Last Name

Full Name of Mother

\_\_\_\_\_  
First Name Middle Name Maiden Name (Required)

**ORDER CERTIFICATES HERE**

Certificate search and first copy \$ 24.00  
 \_\_\_ Number of additional copies from the same search x \$15 \$ \_\_\_\_\_  
 Add \$15 for Expedited Service (does not include overnight ship) \$ \_\_\_\_\_  
 Add \$15 for Overnight Delivery in NC or \$20 Out-of-State \$ \_\_\_\_\_  
Call for overnight delivery fees outside of the continental United States.  
 Add \$15 for processing changes to birth certificate \$ \_\_\_\_\_  
Certified check or money order only if mailing in. Cash and debit/credit cards permitted in person.  
**Amount Due \$ \_\_\_\_\_**

**Indicate Type of Certificates Needed and Quantity**

Certified Regular <small>(Legally suitable for any purpose)</small>	_____
Certified Wallet Size <small>(May not be accepted for all legal purposes)</small>	_____
Uncertified <small>(Suitable for research purposes)</small>	_____
<b>Total Number of Certificates Needed</b> <small>(Total must match quantity ordered at left.)</small>	_____

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

- |   |  |
|---|--|
| <input type="checkbox"/> Self               | <input type="checkbox"/> Grandparent   |
| <input type="checkbox"/> Spouse (current)   | <input type="checkbox"/> Authorized agent, attorney or legal representative of the person listed <b>(Proof Required)</b> |
| <input type="checkbox"/> Brother/Sister     | <input type="checkbox"/> Other <small>(may not be entitled to a certified copy)</small>                                  |
| <input type="checkbox"/> Child              | Specify _____  |
| <input type="checkbox"/> Parent/Step-Parent |  |

How do you plan to use this record?

**I hereby certify that all the above information is true to the best of my knowledge. Note: It is a felony violation of North Carolina Law (G.S. 130A-26) to make a false statement on this application or to unlawfully obtain a certified copy of a birth certificate.**

\_\_\_\_\_  
Signature of Person Applying for Certificate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
(Area Code) Telephone Number

**Office Use Only:** Volume \_\_\_\_\_ Page \_\_\_\_\_ Cartridge/Frame \_\_\_\_\_  
 Amount received: \$ \_\_\_\_\_ Identification furnished: \_\_\_\_\_

## COMMONWEALTH OF VIRGINIA Application for Certification of a Vital Record

Virginia statutes require a fee of \$12.00 be charged for each certification of a vital record or for a search of the files when no certification is made. Please make check or money order payable to **State Health Department**. There is a \$50.00 service charge for returned checks.

Name of Requester: \_\_\_\_\_ Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_  
(person requesting the certificate)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is your **relationship** to the person named on the certificate? (Check one)

Self  Mother  Father  Child  Current Spouse  Sister  Brother  Maternal Grandparent  
 Paternal Grandparent  Legal Guardian (submit custody order)  Other (Specify) \_\_\_\_\_

What is your reason for requesting this certificate? \_\_\_\_\_

I understand that making a **FALSE** application for a vital record is a **FELONY** under state and federal law.

Signature of Requester: \_\_\_\_\_

**IMPORTANT:** The person requesting the vital record must submit a copy of their identification. See list on reverse side.

**BIRTH CARDS ARE NO LONGER AVAILABLE.**

**BIRTH**

Number of Copies: \_\_\_\_\_  
Paper: \_\_\_\_\_

Name at Birth: \_\_\_\_\_  
**If name has changed since birth due to adoption, court order, or any reason other than marriage, please list changed name here:**  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Hospital of Birth: \_\_\_\_\_  
(City/County in Virginia)

Full Maiden Name of Mother: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

**DEATH**  **STILLBIRTH**

Number of Copies: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age at Death: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Hospital Name: \_\_\_\_\_  
(City/County in Virginia)

Full Maiden name of Mother: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

**MARRIAGE**

Number of Copies: \_\_\_\_\_

Full Name of Husband: \_\_\_\_\_

Full Name of Wife: \_\_\_\_\_

**DIVORCE**

Number of Copies: \_\_\_\_\_

Marriage - Date: \_\_\_\_\_ Place: \_\_\_\_\_

Divorce - Date: \_\_\_\_\_ Place: \_\_\_\_\_  
(City/County in Virginia)

If Marriage, place where license was issued: \_\_\_\_\_

Please indicate the address you wish the certificate(s) mailed to in the box below. -- Please type or print clearly.

Name
Address
City/State/Zip

Send Completed Application To:

Division of Vital Records  
P. O. Box 1000  
Richmond, VA 23218-1000  
(804) 662-6200  
[www.vdh.virginia.gov](http://www.vdh.virginia.gov)