

**APPLICATION FOR CERTIFIED COPY OF VITAL RECORD  
WARREN COUNTY, NC**

**BIRTH CERTIFICATE**

NAME OF CHILD \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
NAME OF FATHER \_\_\_\_\_  
MAIDEN NAME OF MOTHER \_\_\_\_\_

**MARRIAGE LICENSE**

NAME OF GROOM \_\_\_\_\_  
MAIDEN NAME OF BRIDE \_\_\_\_\_  
DATE OF MARRIAGE \_\_\_\_\_

**DEATH CERTIFICATE**

NAME OF DECEASED \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_

**FEE: \$10.00 PER COPY**

THE CERTIFIED COPY OF THE ABOVE RECORD IS BEING OBTAINED FOR MY:  
(CIRCLE ONE OF THE FOLLOWING)

- |                                 |   |
|---------------------------------|---|
| 1. SELF                         | 9. AUTHORIZED AGENT, ATTORNEY OR<br>LEGAL REPRESENTATIVE OF THE<br>ABOVE NAMED    |
| 2. SPOUSE                       |   |
| 3. BROTHER                      |   |
| 4. SISTER                       |   |
| 5. CHILD/STEP-CHILD             |   |
| 6. PARENT/STEP-PARENT           | 10. I AM SEEKING INFORMATION FOR<br>THE LEGAL DETERMINATION OF<br>PROPERTY RIGHTS |
| 7. GRANDCHILD/STEP-GRANDCHILD   |   |
| 8. GRANDPARENT/STEP-GRANDPARENT |   |

I hereby certify that all of the above information given is true to the best of my knowledge and ability.

DATE \_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_  
PRINTED NAME OF APPLICANT \_\_\_\_\_  
ADDRESS OF APPLICANT \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

Official Use Only:  
License #: \_\_\_\_\_  
Book/Page: \_\_\_\_\_

MAKE CHECK OR MONEY ORDER  
PAYABLE AND MAIL TO:

Warren County Register of Deeds  
109 South Main Street  
P.O. Box 506  
Warrenton, NC 27589  
Tel: 252-257-3265