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
2. SPOUSE
3. BROTHER
4. SISTER
5. CHILD/STEP-CHILD
6. PARENT/STEP-PARENT
7. GRANDCHILD/STEP-GRANDCHILD
8. GRANDPARENT/STEP-GRANDPARENT

9. AUTHORIZED AGENT, ATTORNEY OR LEGAL REPRESENTATIVE OF THE ABOVE NAMED

10. I AM SEEKING INFORMATION FOR THE LEGAL DETERMINATION OF PROPERTY RIGHTS

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

DATE		
SIGNATURE OF APPLICANT		Official Use Only:
PRINTED NAME OF APPLICANT		
ADDRESS OF APPLICANT		License #:
		Book/Page:
TELEPHONE		
MAKE CHECK OR MONEY ORDER	Warren County Register of D	Deeds
PAYABLE AND MAIL TO	109 South Main Street	
	P.O. Box 506	
	Warrenton, NC 27589	

Tel: 252-257-3265