

**Application for Certified Copy of Vital Record**

Alexander County, N.C.

Phone: (828) 632-3152

**Mail To: Alexander County Register of Deeds**

151 West Main Ave. Suite 9

Taylorsville, N.C. 28681

A self-addressed stamped envelope is required

**Birth Certificate**

Name at Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

**Death Certificate**

Deceased Name \_\_\_\_\_ Date of Death \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

**Marriage License**

Groom's Name \_\_\_\_\_ Bride's Name \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Each Certified Copy is \$10.00 (A check or money order is required for payment.)

The person named above is my: (Please indicate)

Self _____	Daughter _____	Grandparent / Great-Grandparent _____
Spouse _____	Son _____	Grandchild / Great-Grandchild _____
Father _____	Brother _____	Stepparent _____
Mother _____	Sister _____	Stepchild _____

Or I am: (Please indicate)

\_\_\_\_\_ Seeking information for legal purposes \_\_\_\_\_ An authorized agent, attorney or legal representative of above

I solemnly swear or affirm that all the statements contained in the above request are true and correct. N.C. General Statute # 130A-93 and 99.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
PO Box/ Street Address

(\_\_\_\_\_) \_\_\_\_\_  
Complete 10 digit Daytime Phone Number

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

A photo copy of your state issued photo ID is required. Your application will not be processed without a copy of your state ID.

\_\_\_\_\_  
Date

**PRINT FORM**