

Application for Certified Copy of Vital Record
Alexander County, N.C.

Mail To: Alexander County Register of Deeds
75 1st Street S.W., Suite 1
Taylorsville, N.C. 28681

Phone: (828) 632-3152

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 Money Order is encouraged 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

State _____ Number _____
(State Driver's License # or Photo I.D. #)

Date

PRINT FORM