

**GASTON COUNTY REGISTER OF DEEDS
P. O. Box 1578
Gastonia, N. C. 28053**

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

Fee \$10.00 Cash/Credit Card per Certified Copy

Please print or type

BIRTH CERTIFICATE: NUMBER OF COPIES _____

Name at Birth _____

Date of Birth _____

Parent/Father's Name _____

Parent/Mother's Full Maiden Name _____

DEATH CERTIFICATE: NUMBER OF COPIES _____

Full Name of Deceased _____

Date of Death _____

MARRIAGE CERTIFICATE: NUMBER OF COPIES _____

Name of Applicant 1: _____

Name of Applicant 2: _____

Date of Marriage: _____

The certificate of the above named person is for:

- | | |
|---|---|
| <input type="checkbox"/> 1. My Own | <input type="checkbox"/> 8. I am seeking information for legal determination of personal or property rights. |
| <input type="checkbox"/> 2. My Child | |
| <input type="checkbox"/> 3. My Brother | <input type="checkbox"/> 9. I am an authorized agent, attorney, or legal representative of the person listed above. |
| <input type="checkbox"/> 4. My Sister | |
| <input type="checkbox"/> 5. My Spouse | <input type="checkbox"/> 10. Certificate needed for: _____ |
| <input type="checkbox"/> 6. My Parent | |
| <input type="checkbox"/> 7. My Grandchild | |

I hereby certify that all the above information given is true to the best of my knowledge and belief. NC General Statutes 130A-93 and 130A-99.

DATE _____

Applicant's Signature

Applicant's Mailing Address