

Mail: 1903 Mail Service Center
 Raleigh, NC 27699-1903

Location: 225 North McDowell St.
 Raleigh, NC 27603-1382

PLEASE PRINT

Application for a Copy of a North Carolina Birth Certificate

Certificate Information

Full Name on Certificate

(If adopted, provide new information)

First Name Middle Name Last Name

Date of Birth

____/____/____
Month Day Year

Sex Male Female

Were parents married at time of birth? Yes No

Place of Birth

City County

Is this person deceased? Yes No

Full Name of Parent

(Adoptive parent, if applies)

First Name Middle Name Last Name Last Name (before any marriage, if different)

Full Name of Parent

(Adoptive parent, if applies)

First Name Middle Name Last Name Last Name (before any marriage, if different)

Check all boxes that apply; add the fees in 1-3 and place the total amount in #4. See further instructions on Page 2.

1. Order Certificate

Processing times vary.
 Check website for current information.
(Non-refundable fee)

- Certificate Search and First Copy (\$24) \$ _____
- # _____ additional copies x \$15 \$ _____
- Certified (Legally suitable for any purpose)
- Uncertified (Suitable for research purposes)

2. Record Changes (Only if applies)

Appointment required for in-person services.
(\$15 non-refundable processing fee)

- Adoption \$ _____
- Amendment \$ _____
- Name Change \$ _____
- Legitimation Court Order \$ _____
- Legitimation (mother married father after child's birth) \$ _____
- Paternity (no fee) \$ 00.00
- Other _____ \$ _____

3. Faster Service (Choose only one)

Optional for mail-in requests
(\$15 non-refundable expedite fee)

- Walk-in Service (\$15) \$ _____
- Expedited Processing (\$15) \$ _____
 (Shipped by regular mail)
- Expedited Processing and Expedited Shipping (\$35) \$ _____
 (Call for expedited shipping fees outside the continental United States)

4. Total Fees

(Add 1+2+3 above for total) \$ _____

Your Relationship to the Person Whose Certificate is Requested: (Check one)

- Self
- Spouse (Current)
- Brother/Sister
- Child
- Parent/Step-Parent
- Grandparent
- Authorized agent, attorney or legal representative of the person listed (**Proof REQUIRED**)
- Other (*may not be entitled to a certified copy*)
Specify _____

How do you plan to use this record?

(Please Print)

Requestor: _____
Print Name of Person Requesting a Certificate

Address: _____
Street Address (P.O. Box cannot be used for expedited shipping)

P.O. Box (If mailing to a P.O. Box, street address must also be listed above)

City, State, Zip Code

(Area Code) Telephone Number (During business hours)

Email Address: _____

Payment: Please pay with a cashier's check or money order made payable to N.C. Vital Records. Personal checks are not accepted. Requests that are submitted with no payment, *or* incomplete payment *or* incomplete information will be returned. Credit card payment is available for walk-in customers.

ID OF THE PERSON REQUESTING A CERTIFICATE IS REQUIRED:

See Page 2 for a list of acceptable IDs. Requests that do not include proper identification will be returned.

I hereby certify that all the above information is true to the best of my knowledge. Note: It is a felony violation of N.C. Law (G.S. 130A-26A) to make a false statement on this application or to unlawfully obtain a copy or a certified copy of a birth certificate.

Signature of Person Requesting a Certificate Date

Office Use Only: SFN _____ DCN _____ Cartridge/Frame _____
 Amount received: \$ _____ Identification presented _____
 Request number _____ Request date _____

CUSTOMER MUST COMPLETE