

# Application for Replacement of a Vital Record

(North Carolina Executive Order No. 67-Hurricane Florence)

PLEASE PRINT

## NO FEES REQUIRED TO OBTAIN A BIRTH AND/OR DEATH CERTIFICATE

Birth Certificate	Full Name on Certificate (If adopted, provide new information) _____ <i>First Name</i> _____ <i>Middle Name</i> _____ <i>Last Name</i> _____	
	Date of Birth _____ <i>Month</i>   <i>Day</i>   <i>Year</i> _____	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
	Place of Birth _____ <i>City</i> _____ <i>County</i> _____	Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this person deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full Name of Mother/Parent (Adoptive parent, if applies) _____ <i>First Name</i> _____ <i>Middle Name</i> _____ <i>Last Name (prior to first marriage, if applies)</i> _____	Full Name of Father/Parent (Adoptive parent, if applies) _____ <i>First Name</i> _____ <i>Middle Name</i> _____ <i>Last Name (prior to first marriage, if applies)</i> _____
<input type="checkbox"/> Certified <input type="checkbox"/> Uncertified		
<b>Your Relationship to the Person Whose Birth Certificate is Requested (Check One):</b> Identification of the person requesting the certificate is required. See Page 2 for a list of acceptable IDs.		
<input type="checkbox"/> Self <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Authorized agent, attorney, legal representative of the person listed ( <b>Proof REQUIRED</b> ) <input type="checkbox"/> Spouse (Current) <input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Other (may not be entitled to a certified copy) Specify _____		
Death Certificate	Full Name of Deceased _____ <i>First Name</i> _____ <i>Middle Name</i> _____ <i>Last Name</i> _____	
	Date of Death (Month/Day/Year) _____	Age at Time of Death _____ Race _____
	Location of Death (City or County) _____	Date of Birth (Month/Day/Year) _____
	<input type="checkbox"/> Certified <input type="checkbox"/> Uncertified	
<b>Your Relationship to the Person Whose Death Certificate is Requested (Check One):</b> Identification of the person requesting the certificate is required. See Page 2 for a list of acceptable IDs.		
<input type="checkbox"/> Self <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Authorized agent, attorney, legal representative of the person listed ( <b>Proof REQUIRED</b> ) <input type="checkbox"/> Spouse (Current) <input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Other (may not be entitled to a certified copy) Specify _____		
<input type="checkbox"/> Expedited service requested (MUST write "Expedite" on the outside of the envelope). Expedited requests are usually processed within three to five business days from the time N.C. Vital Records receives the request. The certificate(s) will be sent by First Class mail.		
<p style="text-align: center;"><b>I hereby certify that all the above information is true to the best of my knowledge. Note: It is a felony violation of North Carolina 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 vital record.</b></p>		
Signature of Person Requesting the Certificate _____	Printed Name of Person Requesting the Certificate _____	
Mailing Address Including City, State, Zip Code (If mailing to a P.O. box, street address must also be listed to the right)	Street Address Including City, State, Zip Code	
Date _____	(Area Code) Telephone Number _____	
Identification Presented _____ SFN _____ Cartridge/Frame _____ Request Number _____ Request Date _____		

Office Use Only

## Identification Requirement

Due to identity theft and other fraudulent use of vital records, **ID of the person requesting a certificate is REQUIRED.**

**Requests that do not include ID will be returned. You MUST include a legible photocopy of one of the photo IDs listed below with your request:**

- Current state-issued driver's license (address must match requestor's address on application)
- Current state-issued non-driver photo ID card (address must match requestor's address on application)
- Current Passport or Visa (must include photo)
- Current U.S. military ID
- Current Department of Corrections photo ID card dated within the last year
- Current state or U.S. government agency photo ID card (for persons requesting certificates as part of that agency's business)
- Current student ID card with copy of transcript

If you do not have one of the IDs listed above, you must provide legible photocopies of TWO of the following (must be two DIFFERENT forms of ID):

- Temporary driver's license
- Current utility bill with current address
- Car registration or title with current address
- Bank statement with current address
- Pay stub with current address
- Income tax return/W-2 form showing current address
- Letter from government agency dated within the last six months and showing current address
- State-issued concealed weapon permit showing current address

*If you are unable to meet our ID requirements, a family member or other person who is entitled to obtain the certificate, and who can meet the ID requirements, may request it.*

*A list of persons entitled to obtain certificates is located on our website at <http://vitalrecords.nc.gov/faqs.htm>.*