

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

(Must be printed and mailed or delivered to the Currituck Register of Deeds Office)

PLEASE PRINT OR TYPE **COST FOR EACH COPY IS: \$10.00**

Mail to: Currituck County Register of Deeds
P.O. Box 71
Currituck, NC 27929

Information regarding copy:

FIRST

MIDDLE

LAST

Name at Birth: _____

Name of Father: _____

Name of Mother: _____ (Maiden)

Place of Birth: _____, Currituck Co., North Carolina

Date of Birth: _____
MONTH DAY YEAR

Applicant is (check one): **A.** Requesting copy of own birth certificate;
___ Certified Regular Copy(s) (8 1/2 x 11) ___ Certified Wallet Copy(s)

B. Requesting copy of birth certificate of (circle relationship):

- 1. Spouse
- 2. Brother
- 3. Sister
- 4. Child
- 5. Parent

C. Seeking information for legal determination or personal or property rights.

D. Authorized agent, attorney, or legal representation of a person listed in A, B, or C above (documentation of authority must be furnished). **See NC G.S. 130A-93 and -99.**

The above information is true and correct to the best of my knowledge and belief.

Date

Applicant's Signature

Applicant's typed or printed name and address: _____

