

## APPLICATION FOR DUPLIN COUNTY BIRTH, DEATH AND MARRIAGE CERTIFICATE(S)

**Register Of Deeds Anita Marie Savage** Mail: Duplin County Register of Deeds **Attention: Vital Records** 

P.O. Box 970 Kenansville, NC 28349 **Location: Courthouse Annex** 118 Duplin Street Kenansville, NC 28349

## Births Deaths and Marriages that occurred in Duplin County Only

Certified Birth, Death and Marriage Certificates cost \$10 each. A government-issued photo ID (e.g., driver's license or passport) is required. (Parents: If requesting birth certificate for a child under 18, please enclose photocopy of PARENT'S government-

issued	ID.) Section D must be	completed for all c	ertificates i	requested.	•	.,	
	PLEASE PRINT: BIRTH CERTIFICATE Full Name on Certificate:						
Birth Certificate (Section A)	First Name			Middle Name		Last Name	
	Date of Birth:		V		N/1-1-	Famala	
	Month Full Name of Father:	Day	Year	Sex:	Male	Female	
	Full Name of Mother:	First Name		Middle Name		Last Name	
		First Name		Middle Name		Maiden Name	
Death Certificate (Section B)	DEATH CERTIFICATE						
	Full Name of Deceased:						
		First Name	Mi	ddle Name		Last Name	
	Date of Death:			Place of Deat	ıth:		
	Month Day Year		ar	County			
Marriage Certificate (Section C)	MARRIAGE CERTIFICAT	ΓΕ					
	Full Name of Applicant #1	:					
		First Name		Middle Name	<del></del>	Last Name	
	Full Name of Applicant #2	)- 					
		First Name		Middle Name	Э	Last Name	
arri (	Date of Marriago:			l a satisma of N	4		
Σ	Date of Marriage: Location of Marriage: County						
Required for All Certificates Requested (Section D)	YOUR RELATIONSHIP	TO THE PERSO	N WHOSE	CERTIFICATE	ıs	Type and Quantity of Certificate	
	REQUESTED: (Check Or				(s) Requested		
	Self (	Self Child / Step Child		Brother / Sister		th Certificates -	
		7a / Gtop G1a				w Many?x \$10 ea. =	
	Spouse F	Parent / Step Parent		Grandparent		ath Certificates - ow Many? x \$10 ea. =	
	Spouse .	arone, ctop i arone		Granaparone		certified Copies -	
						w Many?x \$0.25 ea. =	
	Other: Specify		_		***	Mailed copy \$0.75 + \$0.25 for each additional copy ***	
	Authorized Agent, At	ttorney, or Legal repre	esentative (F	PROOF REQUIR	ED)	Total Amount Enclosed =	
	I hereby certify that all the above information is true to the best of my knowledge. NOTE: IT IS A FELONY IN NORTH CAROLINA (G.S. 130A-26) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A VITAL RECORD.						
	Signature of Person Appl		Date				
	Printed Name of Person Applying for Certificate						
~	Address City			State	ZIF	( Area Code)Telephone Number	
						end cash in the mail. Mail-in requests will be ty Register of Deeds, (910) 296-2108, or visit	

www.DuplinROD.com