



**Willie L. Covington**  
**Durham County Register of Deeds**  
 Post Office Box 1107, Durham, NC 27702  
 Phone: 919.560.0495 ~ Fax: 919.560.7221

**Vital Records Request Form**

Your relationship to the person whose certificate is requested (NC General Statute 130A-26A.b) (Check one of the following):

- Myself    My Grandparent    My Sibling    My Child    My Parent    My Spouse  
 I am seeking information for legal determination of personal or property rights  
 I am authorized agent, attorney or legal representative of the person(s) listed (Proof required).

**Fees:**

# of copies

*\$10.00	Per Original Certified (Birth, Marriage, Death Certificate(s))	_____
\$10.00	Per Certified Marriage Certificate (Decorative Certificate)	_____
\$20.00	Per Certified Marriage Certificate with two (2) laminated wallet-size certificates	_____
\$17.50	Per Certified Marriage Certificate with one (1) laminated wallet-size certificate	_____

*If paying by credit card, please complete the following information:*

Check one:    Visa    MasterCard    Discover

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Marriage Certificate:**

Maiden Name of Female: \_\_\_\_\_

Name of Male: \_\_\_\_\_

Date of Marriage:    /    /

**Birth Certificate:**

Full Birth Name: \_\_\_\_\_

Date of Birth:    /    /                       Male                       Female

Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**Death Certificate:**

Decedent Name: \_\_\_\_\_

Date of Death:    /    /                       Male                       Female

\*Death Certificate available in Original (Copy) Certified ONLY.

I hereby certify that all of the above information given is true to the best of my knowledge and belief (NC General Statute 130A-93 and 139A-99).

Date:    /    /

\_\_\_\_\_  
Applicant's Signature

Applicant's Typed/Printed Name & Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant's **Day-Time** Phone Number:    (    )    \_\_\_\_\_

**If sending by mail include a copy of your current ID, such as a driver's license, state issued ID or passport.**

**OFFICE USE ONLY:**

Payment type:    Cash    Check    Credit Card

Amount received: \$ \_\_\_\_\_ Identification furnished: \_\_\_\_\_

Verified By: \_\_\_\_\_