

**GASTON COUNTY REGISTER OF DEEDS**  
**P. O. Box 1578**  
**Gastonia, N. C. 28053**

**APPLICATION FOR CERTIFIED COPY OF VITAL RECORD**

Fee \$10.00 Cash or Money Order per Certified Copy      Please print or type

**BIRTH CERTIFICATE:** NUMBER OF COPIES \_\_\_\_\_

Name at Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Mother's Full Maiden Name \_\_\_\_\_

**DEATH CERTIFICATE:** NUMBER OF COPIES \_\_\_\_\_

Full Name of Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_

**MARRIAGE CERTIFICATE:** NUMBER OF COPIES \_\_\_\_\_

Name of Applicant 1: \_\_\_\_\_

Name of Applicant 2: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

**The certificate of the above named person is for:**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. My Own        | <input type="checkbox"/> 8. I am seeking information for legal determination of personal or property rights.        |
| <input type="checkbox"/> 2. My Child      | <input type="checkbox"/> 9. I am an authorized agent, attorney, or legal representative of the person listed above. |
| <input type="checkbox"/> 3. My Brother    | <input type="checkbox"/> 10. Certificate needed for: _____  |
| <input type="checkbox"/> 4. My Sister     |   |
| <input type="checkbox"/> 5. My Spouse     |   |
| <input type="checkbox"/> 6. My Parent     |   |
| <input type="checkbox"/> 7. My Grandchild |   |

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

DATE \_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Mailing Address