

Sampson County Register of Deeds

Vital Records Section
126A West Elizabeth Street, Clinton, NC 28328
APPLICATION FOR A COPY OF NORTH CAROLINA
BIRTH CERTIFICATE

Document Fee Per Copy Certified: \$10.00 Uncertified: \$.25

PLEASE PRINT Number of copies: Certified _____ Uncertified _____

Full Name on Certificate _____

First Name Middle Name Last Name

Date of Birth

Month Day Year

Full Name of Parent

First Name Middle Name Last Name

Full Maiden

Name of Parent

First Name Middle Name Last Name

YOUR RELATIONSHIP TO THE PERSON WHOSE CERTIFICATE IS REQUESTED (Circle One):

- | | |
|---------------|--|
| 1. My Own | 5. My Spouse |
| 2. My Child | 6. My Parent |
| 3. My Brother | 7. My Grandchild |
| 4. My Sister | 8. I am an authorized agent, attorney, or legal Representative of the person listed above. (Proof Required) |

I hereby certify that all the above information given is true to the best of my knowledge.

NOTE: It is a Class I felony violation of North Carolina Law G.S. 130A-26A(b)(1) to make a false statement on this application or to unlawfully obtain a certified copy of a vital record.

INSTRUCTIONS: Required Information

You will need to enclose a copy of a valid ID. Accepted ID's: State Issued Picture ID, Current Driver's License, Passport, or Military ID, along with a self- addressed stamped envelope to ensure the document is returned to the correct address. Mail this application, your photo ID, a self- addressed stamped envelope along with the correct fees to the address listed on top of this application. We will process and return to you.

Applicant Signature _____

Applicant Address _____

Applicant Phone # _____

NOTE: FOR OFFICE USE ONLY

Date: _____

\$ Amount Received _____

Person Processing Request _____

Receipt # 20 _____

Book _____ Page _____