



MECKLENBURG COUNTY OFFICE OF VITAL RECORDS

BIRTH CERTIFICATE APPLICATION

618 N. College St.
Charlotte, NC 28202
Telephone (704) 336-2819 • Fax (704) 336-7471

FEES
Certified Copies: \$10.00 each
Uncertified Copies: \$1.00 each
Wallet Size: \$7.50 for 1 or 2 for \$10.00 (for the same person)

APPLICANT'S INFORMATION

APPLICANT # 1
(Office use only) Certificate #
Full name on certificate:
Place of Birth: Mecklenburg County, NC
Date of Birth:
Father/Parent's Full name:
Mother/Parent's Full name:
Certified copies:
Uncertified copies:
Wallet Size:



APPLICANT # 2
(Office use only) Certificate #
Full name on certificate:
Place of Birth: Mecklenburg County, NC
Date of Birth:
Father/Parent's Full name:
Mother/Parent's Full name:
Certified copies:
Uncertified copies:
Wallet Size:

APPLICANT # 3
(Office use only) Certificate #
Full name on certificate:
Place of Birth: Mecklenburg County, NC
Date of Birth:
Father/Parent's Full name:
Mother/Parent's Full name:
Certified copies:
Uncertified copies:
Wallet Size:

REQUESTOR'S INFORMATION

Your relationship to the person whose certificate is requested: (Check all that apply) PROOF MAY BE REQUIRED
Self, Spouse, Brother/Sister, Child/Step-Child, Parent/Step-parent, Grandparent/Grandchild, Authorized agent, Attorney or Legal representative (Proof required), Other: Specify

Reason for requesting record/Comment: Personal Use

NOTE: It is a FELONY violation of North Carolina law to make a false statement on this application or to unlawfully obtain a certified copy of a birth certificate. I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE:

Requestor's Full name, Requestor's signature, Today's date

Requestor's address, Telephone number

PAYMENT: CASH, CHECK, MONEY ORDER, CREDIT CARD



Id Presented: Expiration Date: Date of Birth:
Received by: Completed by: # Issued: