

# BIRTH CERTIFICATE APPLICATION

MECKLENBURG COUNTY HEALTH DEPARTMENT  
VITAL RECORDS  
700 EAST STONEWALL STREET, SUITE 320  
CHARLOTTE, NORTH CAROLINA 28202  
(704) 336-2819

NUMBER OF COPIES NEEDED # \_\_\_\_\_ WALLET (\$7.50 OR 2 FOR \$10.00 (FOR SAME PERSON-PARENTAGE NOT LISTED))  
# \_\_\_\_\_ CERTIFIED (\$10.00 EACH, WITH RAISED SEALS)  
# \_\_\_\_\_ UNCERTIFIED (\$1.00 EACH, WITHOUT SEALS)

## PLEASE PRINT:

FULL NAME: \_\_\_\_\_  
(AS IT SHOULD APPEAR ON BIRTH CERTIFICATE) (FIRST) (MIDDLE) (LAST)

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ WAS THIS PERSON EVER ADOPTED? \_\_\_\_\_  
(CITY) (STATE)

FATHER'S FULL NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

MOTHER'S MAIDEN NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

REASON CERTIFICATE NEEDED: \_\_\_\_\_

### A. THE PERSON'S NAME ON THE CERTIFICATE IS MY: (CHECK ONE)

SELF \_\_\_\_\_ SPOUSE \_\_\_\_\_ BROTHER \_\_\_\_\_ SISTER \_\_\_\_\_ CHILD \_\_\_\_\_ PARENT \_\_\_\_\_ GRANDPARENT \_\_\_\_\_  
GRANDCHILD \_\_\_\_\_ GREAT-GRANDPARENT \_\_\_\_\_ GREAT-GRANDCHILD \_\_\_\_\_ STEPPARENT \_\_\_\_\_ STEPCHILD \_\_\_\_\_

- B. \_\_\_ I AM SEEKING INFORMATION FOR LEGAL DETERMINATION OF PERSONAL OR PROPERTY RIGHT; OR  
C. \_\_\_ I AM AN AUTHORIZED AGENT, ATTORNEY, OR LEGAL REPRESENTATIVE OF A PERSON LISTED IN A OR B ABOVE (DOCUMENTATION OF AUTHORITY MUST BE FURNISHED.)

REFER TO NC GENERAL STATUTE 130A-93 AND -99.

**I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. NOTE: IT IS A FELONY VIOLATION OF NORTH CAROLINA LAW (G.S. 130A-26) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A BIRTH CERTIFICATE.**

\_\_\_\_\_  
(REQUESTOR'S FULL NAME)

\_\_\_\_\_  
(REQUESTOR'S SIGNATURE)

\_\_\_\_\_  
STREET ADDRESS:

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
CITY STATE ZIP

PAYMENT WILL BE MADE BY: (CHECK ONE)  
\_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ MONEY ORDER

\_\_\_\_\_  
TELEPHONE NUMBER:

\_\_\_\_\_  
CREDIT CARD

NOTICE: A PROCESSING FEE OF \$25.00 WILL BE CHARGED FOR ALL RETURNED CHECKS IN ACCORDANCE WITH NORTH CAROLINA GENERAL STATUTE 25-3-506.

### FOR OFFICE USE ONLY

TYPE ID: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ DOB: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_ # ISSUED: \_\_\_\_\_