

BIRTH

Iredell County Register of Deeds
P. O. Box 904
Statesville N.C. 28687

Quantity _____ \$10.00 regular size

NAME AT BIRTH _____ # OF COPIES _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

FATHER'S FULL NAME _____

MOTHER'S FULL NAME _____

G.S.- 130A-93.C

I, the undersigned solemnly swear (or affirm) that all the information contained is true and correct to the best of my knowledge. I am requesting a certified copy of a vital record of the person referred to above and my relationship to that person is the following: CHECK ONE

SELF <input type="checkbox"/>	SPOUSE <input type="checkbox"/>	BROTHER <input type="checkbox"/>	SISTER <input type="checkbox"/>
	PARENT <input type="checkbox"/>	STEP-PARENT <input type="checkbox"/>	GRANDPARENT <input type="checkbox"/>
	CHILD <input type="checkbox"/>	STEP-CHILD <input type="checkbox"/>	GRANDCHILD <input type="checkbox"/>
	ATTORNEY <input type="checkbox"/>	AUTHORIZED AGENT <input type="checkbox"/>	LEGAL REPRESENTATIVE <input type="checkbox"/>

X _____ X _____
SIGNATURE OF APPLICANT

PHONE NUMBER ADDRESS OF APPLICANT

DATE _____

Applicant must include a copy of your photo identification with this request.