

Statesville Office
211 Constitution Lane
Statesville, NC 28677
704-872-7468

OFFICE USE ONLY (ICROD020617) Cash____, Card____, Check #____	INITIALS
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Mooresville Office
610 East Center Ave
Mooresville, NC 28115
704-663-4533

Iredell County Register of Deeds

Application for Certified Copies of Vital Records

Death Certificate: # of Copies _____ (\$10 ea.)

Name of Deceased: _____

Date of Death: _____

Birth Certificate: # of Copies _____ (\$10 ea.)

2nd Birth Certificate (if needed)

Full name at Birth: _____

Full name at Birth: _____

Date of Birth: _____

Date of Birth: _____

Parent's Names: 1. _____

Parent's Names: 1. _____

2. _____

2. _____

Marriage Certificate: # of Copies _____ (\$10 ea.)

Names on Certificate: 1. _____ 2. _____

Date of Marriage: _____

County of Marriage: _____

My relationship to the person whose certificate is requested: (bubble one)

- | | |
|---|---|
| <input type="radio"/> Myself | <input type="radio"/> Funeral Home |
| <input type="radio"/> Current Spouse | <input type="radio"/> I am an authorized agent, attorney or legal representative of the person listed |
| <input type="radio"/> Brother or Sister | <input type="radio"/> Other _____ |
| <input type="radio"/> Child | <small>See NC Gen Statute 130-93&99</small> |
| <input type="radio"/> Parent/Stepparent | |
| <input type="radio"/> Grandchild | |
| <input type="radio"/> Grandparent | |

Please note, you must be one of the above to obtain this record (G.S. 130A-93). It is a Felony of North Carolina Law (G.S. 130A-26) to make a false statement on this application or to unlawfully obtain a certificate of a Vital Record. Your signature certifies that you agree to the aforementioned statement.

My Name: _____ **My Phone #:** _____
(First, Middle, Last)

My Address: _____
Street Name and Number City State Zip

Signature: _____ **Date:** _____

OUT OF OFFICE INSTRUCTIONS

By Email – Please scan this completed application and a **copy of your valid photo ID** (take picture with smartphone) to registerofdeeds@co.iredell.nc.us. Following the email, call (704)-663-4533 with your credit card information. **By Fax** – Please fax your completed application and a **copy of your valid photo ID** to (704)-878-5426. Following the fax, call 704-872-7468 with your credit card information.

By Mail – Please send your certified check or money order (no personal checks) with this completed application and a **copy of your valid photo ID** to: Iredell County Register of Deeds, 211 Constitution Lane, Statesville, NC 28677.

ID: _____ / _____ (OFFICE USE ONLY) <small>State Number</small>
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