

Vital Records Section  
PO Box 2039  
Fayetteville NC 28302-2039

APPLICATION FOR COPY OF BIRTH CERTIFICATE  
CUMBERLAND COUNTY ONLY

*If Mailing: Send a Certified Check or Money Order*

Birth Certificate Number of Copies requested: Certified: \_\_\_\_\_ \$10.00  
Uncertified: \_\_\_\_\_ .25

Full Name at Birth: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Month Day Year Male Female

Place of Birth: \_\_\_\_\_ Were Parents Married at time of Birth?  
City County Yes \_\_\_\_\_ NO \_\_\_\_\_

Full Name of Father: \_\_\_\_\_  
First Name Middle Name Last Name

Full Name of Mother: \_\_\_\_\_  
First Name Middle Name Maiden Name

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

- 1. Self
- 2. Spouse
- 3. Brother/Sister
- 4. Child
- 5. Parent
- 6. Grandparent
- 7. Authorized agent, attorney or legal representative of the person list 1- 6 (Proof Required)
- 8. Other \_\_\_\_\_

\*\*\*\*\*  
**I hereby certify that all the above information is true to the best of my knowledge. Note: IT IS A VIOLATION OF NORTH CAROLINA LAW (G.S. 130A-96) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A VITAL RECORD.**

\_\_\_\_\_  
Signature of Person Applying for Certificate Date

\_\_\_\_\_  
Address (Street or PO Box, City, State and Zip Code) Telephone Number

\*\*\*\*\*  
FOR OFFICE USE ONLY: Volume: \_\_\_\_\_ Page: \_\_\_\_\_ Cartridge/Frame: \_\_\_\_\_

Number of Copies Requested: Certified (Legally suitable for any purpose) \_\_\_\_\_  
Uncertified (Suitable for research purposes) \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ Identification Furnished: \_\_\_\_\_

Person processing request: \_\_\_\_\_