

**GASTON COUNTY REGISTER OF DEEDS**  
**P. O. Box 1578**  
**Gastonia, N. C. 28053**

**APPLICATION FOR CERTIFIED COPY OF VITAL RECORD**

Fee \$10.00 per Certified Copy

Please print or type

<b><u>BIRTH CERTIFICATE:</u> NUMBER OF COPIES _____</b>
Name at Birth _____
Date of Birth _____
Father's Name _____
Mother's Full Maiden Name _____

<b><u>DEATH CERTIFICATE:</u> NUMBER OF COPIES _____</b>
Full Name of Deceased _____
Date of Death _____

<b><u>MARRIAGE CERTIFICATE:</u> NUMBER OF COPIES _____</b>
Name of Groom: _____
Name of Bride: _____
Date of Marriage: _____

<b>The certificate of the above named person is for:</b>	
<input type="checkbox"/> 1. My Own	<input type="checkbox"/> 8. I am seeking information for legal determination of personal or property rights.
<input type="checkbox"/> 2. My Child	<input type="checkbox"/> 9. I am an authorized agent, attorney, or legal representative of the person listed above.
<input type="checkbox"/> 3. My Brother	<input type="checkbox"/> 10. Certificate needed for: _____
<input type="checkbox"/> 4. My Sister	
<input type="checkbox"/> 5. My Spouse	
<input type="checkbox"/> 6. My Parent	
<input type="checkbox"/> 7. My Grandchild	

I hereby certify that all the above information given is true to the best of my knowledge and belief. NC General Statutes 130A and 130A-99.

DATE \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Mailing Address