

**APPLICATION FOR CERTIFIED COPY OF
BIRTH CERTIFICATE**

**WATAUGA COUNTY
REGISTER OF DEEDS
COURTHOUSE, SUITE 9, ROOM 119
842 WEST KING STREET
BOONE, NC 28607
(828) 265-8034**

PLEASE PRINT:

Full Name at Birth:

First Name

Middle Name

Last Name

Date of Birth:

Month

Day

Year

Sex:

Male

Female

Place of Birth:

City

County

Full Name of Father:

First Name

Middle Name

Last Name

Full Name of Mother:

First Name

Middle Name

Maiden Name (this must be
provided)

YOUR RELATIONSHIP TO THE PERSON WHOSE CERTIFICATE IS REQUESTED

(Check appropriate relationship):

- | | | |
|---|--|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Child/Step-child | <input type="checkbox"/> Authorized agent, attorney or legal representative of the person listed (Proof required) |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Parent/Step-parent | |
| <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Grandparent/Grand-child | <input type="checkbox"/> Seeking information for Legal Determination Of personal or property rights |

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-93) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A BIRTH CERTIFICATE.

Signature of Person Applying for Certificate

Date

Address (Street or PO Box, City, State and Zip Code)

(____) _____
Telephone Number

**A PHOTO COPY OF YOUR PICTURE ID MUST BE SENT WITH THIS REQUEST.
THERE IS A \$10.00 FEE FOR EACH CERTIFIED COPY AND .50 FOR EACH
UNCERTIFIED COPY. THIS FEE MUST ACCOMPANY REQUEST.**