

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

ROTC: Y/N
Mailed:
//___

EMPLOYEE USE ONLY
(ICROD08302021)
Cash____, Card____, Check #____, N/C____
>62

INITIALS

Mooreville Office
610 East Center Ave
Mooreville, NC
28115

Iredell County Register of Deeds
Application for Certified Copies of Vital Records

Death Certificate: # of Copies ___ (\$10.00 ea.)

Name of Deceased: _____

Date of Death: _/_/___

1st Birth Certificate: # of Copies ___ (\$10.00 ea.)

Full name at Birth: _____

Date of Birth: _/_/___

Parent 1's Birth Name: _____

Parent 2's Birth Name: _____

2nd Birth Certificate: # of Copies ___ (\$10.00 ea.)

(If Needed)

Full name at Birth: _____

Date of Birth: _/_/___

Parent 1's Birth Name: _____

Parent 2's Birth Name: _____

Marriage Certificate: # of Copies ___ (\$10.00 ea.)

Names on Certificate: 1. _____ 2. _____

Date of Marriage: _/_/___

County of Marriage: _____

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

- Myself
- Current Spouse
- Brother or Sister
- Child/Stepchild
- Parent/Stepparent
- Grandchild
- Grandparent
- Funeral Home
- I am an authorized agent, attorney or legal representative of the person listed
- Other _____
See NC Gen Statute 130A-93 & 99

***** Reason for request (Choose one)**

- Adoption (International)
- Genealogy/Family History
- Legal Purposes
- Adoption (US only)
- Government Assistance/Benefits
- Marriage (International)
- Apostille/Authentication
- Housing
- Marriage (US only)
- Driver's License/Identification
- Income Tax
- Passport/Travel
- Dual Citizenship/Immigration
- Inheritance/Estate Settlement
- Personal Records/Use
- Employment
- Insurance/Pension/Retirement
- School/Sports
- Social Security Card/Benefits

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

My Address: _____
REQUIRED Street Name and Number City State Zip

Signature: _____ **Date:** _/_/___
REQUIRED REQUIRED

Please note, you must be one of the above relations 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.

OUT OF OFFICE INSTRUCTIONS

By Email – Please scan this completed application and a **copy of your valid photo ID** to icrod@iredellcountync.gov. Please allow **5-10 minutes** for us to receive the email, and then 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 transmission of the fax, please 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: _____ / _____ (EMPLOYEE USE ONLY)
State/Country Number