Print Form Clear Form

WAKE COUNTY NORTH CAROLINA
Register of Deeds
Tammy L. Brunner
Mail: Wake County Register of Deeds
Attention: Vital Records
P. O. Box 1897
Raleigh, NC 27602-1897

APPLICATION FOR WAKE COUNTY BIRTH, DEATH & MARRIAGE CERTIFICATE(S)

Online Vital Record Request:
https://wake.gov/vital-records-requests

Location: Wake County Justice Center
300 S. Salisbury Street
Suite 1700
Raleigh, NC 27601

Certificate Requests for Births and Deaths occuring in NC & Marriage Certificates issued by Wake County Register of Deeds

Certified Birth, Death and Marriage Certificates cost $10 each. **A photocopy of a government-issued photo ID** (e.g., driver's license or passport) is required.

(Parents: If requesting birth certificate for a child under 18, please enclose photocopy of **PARENT'S** government-issued ID.)

The Required Information Section must be completed for all certificates requested.

Birth Certificate

Name at Birth: _____
First Name Middle Name Last Name

Date of Birth: ____ | ____ | ____ **Sex:** ☐ Male ☐ Female
Month Day Year

Full Name of Parent: _____
(Father / Parent 1) First Name Middle Name Last Name (before any marriage, if different)

Full Name of Parent: _____
(Mother / Parent 2) First Name Middle Name Last Name (before any marriage, if different)

Death Certificate

Name at Death: _____
First Name Middle Name Last Name

Date of Death: ____ | ____ | ____ **Sex:** ☐ Male ☐ Female
Month Day Year

Location of Death: _____
Include name of town

Marriage Certificate

Name of Applicant 1: _____
(as it appears on the marriage license) First Name Middle Name Last Name

Name of Applicant 2: _____
(as it appears on the marriage license) First Name Middle Name Last Name

Date of Marriage: ____ | ____ | ____
Month Day Year

Required Information

Your Relationship to the Person whose Birth, Death or Marriage Certificate is requested:

☐ Self (for own birth or marriage certificate)

☐ Spouse (current) ☐ Sister ☐ Brother ☐ Child ☐ Parent/Stepparent

☐ Grandchild ☐ Grandparent ☐ Other: *Specify* _____

☐ Authorized agent, attorney, or legal representative of the person whose certificate is requested. *Proof Required - (N.C.G.S. § 130A 93-99)*

Type and Quantity of Certificate(s) Requested

Birth Certificates - How Many? ____ x $10 ea. = _____

Death Certificates - How Many? ____ x $10 ea. = _____

Marriage Certificates - How Many? ____ x $10 ea. = _____

Total Amount Enclosed = _____

I hereby certify that all the above information is true to the best of my knowledge.

NOTE: IT IS A FELONY VIOLATION OF NORTH CAROLINA LAW (N.C.G.S. § 130A-26A) 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

_____
Street Address or P.O. Box City State Zip

Date: ____ | ____ | ____ _____ _____
Month Day Year (Area Code) Telephone Number Email

***** Make **check or money order payable to Wake County Register of Deeds**. **Do not send cash** in the mail. Mail-in requests will be processed within one business day of receipt. If you have questions, please call Wake County Register of Deeds, 919-856-5460, or visit **http://www.wake.gov/rod**. *****