

# Sampson County Register of Deeds

Vital Records Section

126A West Elizabeth Street, Clinton, NC 28328

APPLICATION FOR A COPY OF NORTH CAROLINA

## MARRIAGE CERTIFICATE

Document Fee Per Copy                      Certified: \$10.00                      Uncertified: \$ .25

PLEASE PRINT              Number of copies:              Certified \_\_\_\_\_                      Uncertified \_\_\_\_\_

**Full Name at Birth** \_\_\_\_\_

Applicant #1              First Name                      Middle Name                      Last Name

**Full Name at Birth** \_\_\_\_\_

Applicant # 2              First Name                      Middle Name                      Last Name

**Date of Marriage:** \_\_\_\_\_

Month                                      Day                                      Year

County License were Issued In : \_\_\_\_\_

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

- |               |  |
|---------------|--|
| 1. My Own     | 5. My Spouse   |
| 2. My Child   | 6. My Parent   |
| 3. My Brother | 7. My Grandchild   |
| 4. My Sister  | 8. I am an authorized agent, attorney, or legal Representative of the person listed above (Proof Required) |

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

**NOTE:** It is a Class I felony violation of North Carolina Law G.S. 130A-26A(b)(1) to make a false statement on this application or to unlawfully obtain a certified copy of a vital record.

### INSTRUCTIONS: Required Information

You will need to enclose a copy of a valid ID. Accepted ID's: State Issued Picture ID, Current Driver's License, Passport, or Military ID, along with a self-addressed stamped envelope to ensure the document is returned to the correct address. Mail this application, your photo ID, a self-addressed stamped envelope along with the correct fees to the address listed on top of this application. We will process and return to you.

Applicant Signature \_\_\_\_\_

Applicant Address \_\_\_\_\_

\_\_\_\_\_

Applicant Phone # \_\_\_\_\_

### NOTE: FOR OFFICE USE ONLY

Date \_\_\_\_\_

\$ Amount Received \_\_\_\_\_

Person Processing Request \_\_\_\_\_

Receipt # 20 \_\_\_\_\_

Book \_\_\_\_\_ Page \_\_\_\_\_