

Vital Records Request

Please send Money Order or Cashier's Check
made payable to the Register of Deeds
with Self Addressed Stamped Envelope & copy of Valid ID.
mail to: Register of Deeds, PO Box 1210, Shelby, NC 28151-1210

Hon. Betsy S. Harnage, Registrar
(704) 484-4834

Births, Deaths and Marriages that occurred in Cleveland County Only
Certified Birth, Death and Marriage Certificates cost \$10 each.

A copy of a valid government-issued photo ID (e.g. driver's license or passport) is required.

If using a Passport or if the address does not match the mailing address, please include a photo copy of official mail matching the name and address of where we are mailing certificate.

Section D must be completed for all certificates requested.

Birth Certificate (Section A)	PLEASE PRINT: BIRTH CERTIFICATE Full Name on Certificate: _____ First Name Middle Name Last Name Date of Birth: _____ Sex: ___ Male ___ Female Month Day Year Full Name of Father: _____ First Name Middle Name Last Name Full Name of Mother: _____ First Name Middle Name Last Name (maiden)										
Death Certificate (Section B)	DEATH CERTIFICATE Full Name of Deceased: _____ First Name Middle Name Last Name (at time of death) Date of Death: _____ Location of Death: _____ Month Day Year County										
Marriage Certificate (Section C)	MARRIAGE CERTIFICATE Full Name of Applicant #1: _____ First Name Middle Name Last Name (prior to marriage) Full Name of Applicant #2: _____ First Name Middle Name Last Name (prior to marriage) Date of Marriage: _____ Location of Marriage: _____ Month Day Year County										
Required for All Certificates Requested (Section D)	YOUR RELATIONSHIP TO THE PERSON WHOSE CERTIFICATE IS REQUESTED: (CHECK ONE) <input type="checkbox"/> SELF <input type="checkbox"/> CHILD/STEP CHILD <input type="checkbox"/> BROTHER/SISTER <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT/STEP PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> OTHER: Specify _____ <input type="checkbox"/> Authorized Agent, Attorney, or Legal representative (PROOF Required)	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. = _____ Uncertified Copies How Many? _____ x \$0.25 ea. = _____ <p style="text-align:right;">Total Amount Enclosed = _____</p>									
<p>I hereby certify that all the above information is true to the best of my knowledge.</p> <p>NOTE: IT IS A FELONY IN NORTH CAROLINA (G.S. 130A-26) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A VITAL record.</p>											
<table style="width:100%;"> <tr> <td style="width:40%;">Signature of Person Applying for Certificate</td> <td style="width:15%;">Date</td> <td style="width:45%;">Address _____</td> </tr> <tr> <td colspan="2"></td> <td>City/ST/Zip _____</td> </tr> <tr> <td colspan="2">Printed Name of Person Applying for Certificate</td> <td>Phone: _____</td> </tr> </table>			Signature of Person Applying for Certificate	Date	Address _____			City/ST/Zip _____	Printed Name of Person Applying for Certificate		Phone: _____
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