



Vital Record Request Form for Genealogical Research

Copies are \$0.25 each

Birth Certificate Number of Copies Requested: _____

NAME AT BIRTH: _____

DATE OF BIRTH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

Death Certificate Number of Copies Requested: _____

NAME OF DECEASED: _____

DATE OF DEATH: _____

Marriage Certificate Number of Copies Requested: _____

NAME OF SPOUSE: _____

NAME OF SPOUSE: _____

DATE OF MARRIAGE: _____

Name of Person Applying for Record

Street Address or PO Box

City, State & Zip Code

Telephone Number

Please make check payable to Register of Deeds and mail request to:
205 College Street, Asheville, NC 28801.

