

INSTRUCTIONS FOR LEGAL NAME CHANGE FOR AN ADULT

These sample forms have been assembled for your convenience in preparing your own name change. This package is **ONLY** designed to cover a simple, uncontested name change. If assistance in petitioning the court for a name change is necessary, you are **ENCOURAGED** to contact an attorney. Our employees are **PROHIBITED BY LAW** from advising you regarding your legal situation or whether this package is appropriate for your situation.

1. The **NOTICE must** be posted on the courthouse bulletin board for at least ten (10) calendar days. If the 10th day falls on a Saturday, Sunday, or legal holiday, you must allow the **NOTICE** to remain posted until 5:00 p.m. the following business day. Before posting this **NOTICE**, you must have it date stamped by the clerk's office.
2. You will need to obtain two sets of fingerprint cards for Criminal Record Checks. These can be obtained from the Harnett Co. Sheriff's Department for a fee of \$15 (subject to change).
3. Obtain a Federal Criminal Record check; see attachments or visit:
<https://www.fbi.gov/services/cjis/identity-history-summary-checks>
(Results must be dated within 90 days of the filing of the Petition.)
4. Obtain a NC Criminal History Record, see attachments or visit:
<https://www.ncsbi.gov/services/background-checks>
(Results must be dated within 90 days of the filing of the Petition.)
5. Complete Affidavit relating to residency, tax/child support obligations and sex offender status.
6. Obtain 2 (two) Affidavits of Character from persons unrelated to you **who are over 18 years of age and are residents of Harnett County**. These Affidavits **must** be signed in front of a Notary Public or they will not be accepted for filing.
7. After your record checks have been received and your **NOTICE** has been posted for at least ten (10) calendar days, you may proceed with filing your Application for Name change. You will need to bring the following information:

APPLICATION FOR ADULT NAME CHANGE
AFFIDAVITS OF CHARACTER (2 FROM HARNETT COUNTY RESIDENTS)
CERTIFIED RESULTS OF FEDERAL CRIMINAL RECORD CHECK
CERTIFIED RESULTS OF NC STATE CRIMINAL RECORD CHECK
AFFIDAVIT of: Residency, Child Support/Tax Obligation and Sex Offender Registry
CERTIFIED COPY OF BIRTH CERTIFICATE **issued within one year of your petition**
with no pending amendments
VALID PICTURE IDENTIFICATION

Fees include \$120 filing fee and \$3 for each certified copy needed.

For Vital Records to make these amendments, you will need a \$15 money order payable to NC Vital records and complete the attached Application (http://vitalrecords.nc.gov/documents/App1_BirthCert_GN_fill-in_20161101.pdf). If you request any of the additional options, your money order will need to cover those charges as well. Vital Records also requires photocopies of the petitioner's photo identification.

STATE OF NORTH CAROLINA

File No. _____

_____ County

In The General Court Of Justice
Superior Court Division

Name Of Petitioner 1

Name Of Petitioner 2

Name Of Petitioner 3

SPECIAL PROCEEDINGS ACTION COVER SHEET

Rule 5(b) of the General Rules of Practice for the Superior and District Courts

VERSUS

Name And Address Of Attorney Or Party, If Not Represented
(complete for initial appearance or change of address)

Name Of Respondent 1

Summons Submitted
 Yes No

Name Of Respondent 2

Telephone No. _____ Cellular Telephone No. _____

Summons Submitted
 Yes No

NC Attorney Bar No. _____ Attorney Email Address _____

Name Of Respondent 3

Initial Appearance in Case Change of Address

Summons Submitted
 Yes No

Name Of Firm _____ Fax No. _____

Counsel For
 All Petitioners All Respondents Only: (list party(ies) represented)

APPLICATION

- (check appropriate box)
- Add Additional Party (ADDP)
 - Adoption (ADOP)
 - Appointing Guardian Ad Litem (AGAL)
 - Attorney Fees (ATFE) No Motion Fee Assessed If Sole Claim
 - Boundary Settlement (BNDR)
 - Cartway (CART)
 - Change Of Venue (CHVN)
 - Compel (CMPL)
 - Condemnation - Private Condemnor/Mill (CNDM)
 - Continue (CNTN)
 - Costs (COST) No Motion Fee Assessed If Sole Claim
 - Decedent's Estate - Sell Land To Create Assets (PESE)
 - Decedent's Estate - Sell Personal Property (SLPS)
 - Determine Owner Surplus Funds (DOSF)
 - Dismiss (Involuntary) (DISM)
 - Drainage - Individual/Corporation (DRNG)
 - Drainage District - Establishment (DRDS)
 - Extension Of Time (EXTM)
 - Foreclosure (FORE)

- Incompetency (INCM)
- Interim Guardianship (INGU)
- Land Registration - Torrens Act (TORR)
- Legitimation (LGMT)
- Lis Pendens (LISP)
- Minor's/Incompetent Person's Estate - Sale/Lease/Mortgage (MIES)
- Motor Vehicle Lien G.S. Chapter 44A (MVLN)
- Name Change (NAME)
- Partition (PART)
- Petition To Sue As Indigent (OTHR)
- Restoration To Competency (RTCO)
- Sterilization (STRL)
- To Determine Heirs (TDHE)
- Transfer Of Title (TOTL)
- Voluntary Dismissal (VOLD)
- Year's Allowance - Spouse/Child (SSCA)
- Other (specify and list each separately)

Date _____

Signature Of Attorney/Party _____

NOTE: All filings in special proceedings shall include as the first page of the filing a cover sheet summarizing the critical elements of the filing in a format prescribed by the Administrative Office of the Courts, and the Clerk of Superior Court shall require a party to refile a filing which does not include the required cover sheet. For subsequent filings the filing party must include either a Special Proceedings (AOC-SP-550), Motion (AOC-CV-752), or Court Action (AOC-CV-753) cover sheet.

(Over)

No.	<input type="checkbox"/> Additional Petitioner(s)

No.	<input type="checkbox"/> Additional Respondent(s)	Summons Submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE

SUPERIOR COURT DIVISION

Before the Clerk of Superior Court

COUNTY OF HARNETT

IN RE: CHANGE OF NAME)

FROM: _____)
(Your current name)

TO: _____)
(The name you want)

APPLICATION FOR LEGAL NAME CHANGE
OF AN ADULT

NOW COMES _____, a resident of Harnett County, North Carolina, and respectfully petitions the Court for an Order to be issued changing his/her name and, to that end, does hereby state and show unto the Court:

- 1. That Petitioner's name as shown on his/her birth certificate is _____, who was born in the County of _____, State of _____, on the _____ day of _____; that the full name of the mother as listed on the birth certificate is _____, and that the full name of the father as listed on the birth certificate is _____. A valid certified copy of the birth certificate is attached as an exhibit and there are no pending amendments to said birth certificate.
- 2. That Petitioner desires to adopt the name of _____.
- 3. That Petitioner desires to change his/her name for the following reason:

- 4. That Petitioner's name has never been changed pursuant to N.C. Gen. Stat. §101.
- 5. That Petitioner has given ten (10) days notice of the filing of this Petition by posting on the courthouse bulletin board, in the County of Harnett, State of North Carolina, a notice of his/her intent to file this Petition.

WHEREFORE, the Petitioner respectfully prays that the Court enter an Order changing the Petitioner's name from _____ to _____.

I, _____, Petitioner, being first duly sworn, hereby state that I have read the foregoing Petition and that the facts set forth therein are true to my own knowledge and belief.

This the _____ day of _____, _____.

Petitioner's Signature

Subscribed and sworn before me

This the _____ day of _____, _____

Address

Phone Number

Notary Public /Deputy/Assistant Clerk of Superior Court
My Commission Expires: _____

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
Before the Clerk of Superior Court

COUNTY OF _____

IN RE: CHANGE OF NAME)

FROM: _____)
(Your current name)

TO: _____)
(The name you want)

AFFIDAVIT OF CHARACTER

The undersigned, being first duly sworn, deposes and says:

1. I am a resident of **HARNETT** County, North Carolina, and over eighteen (18) years of age.
2. I am **not related** to the Petitioner either by blood or marriage.
3. I have known the Petitioner for _____ years. I personally know him/her to be a person of good character and know that he/she has a reputation as a person with good character and good standing in the community.

This the _____ day of _____, _____.

SIGNATURE

(Affiant's name)

(Affiant's address)

(Affiant's City, State, and Zip Code)

Sworn to and subscribed before me this the _____ day of _____, _____.

Notary Public

My Commission Expires: _____.

(seal)

STATE OF NORTH CAROLINA
COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
Before the Clerk of Superior Court

IN RE: CHANGE OF NAME)
FROM: _____)
 (Your current name))
TO: _____)
 (The name you want))

AFFIDAVIT OF CHARACTER

The undersigned, being first duly sworn, deposes and says:

- 4. I am a resident of **HARNETT** County, North Carolina, and over eighteen (18) years of age.
- 5. I am **not related** to the Petitioner either by blood or marriage.
- 6. I have known the Petitioner for _____ years. I personally know him/her to be a person of good character and know that he/she has a reputation as a person with good character and good standing in the community.

This the _____ day of _____, _____.

SIGNATURE

(Affiant's name)

(Affiant's address)

(Affiant's City, State, and Zip Code)

Sworn to and subscribed before me this the _____ day of _____, _____.

Notary Public

My Commission Expires: _____.

(seal)

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE -
SUPERIOR COURT DIVISION
Before the Clerk of Superior Court

COUNTY OF _____

IN RE: CHANGE OF NAME)
)
FROM: _____)
 (Your current name))
)
TO: _____)
 (The name you want))

AFFIDAVIT

The undersigned, being first duly sworn, deposes and says:

- 1 I am a resident of and currently domiciled in HARNETT County, North Carolina.
- 2 I currently do do not have outstanding tax obligations.
- 3 I currently do do not have outstanding child support obligations.
- 4 I currently am am not required to register as a sex offender.

This the _____ day of _____, _____.

Petitioner's Signature

Address

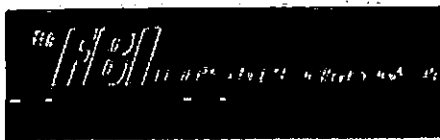
Phone Number

Sworn to and subscribed before me this the _____ day of _____, _____.

Notary Public

My Commission Expires: _____

(seal)



Identification Record Request/Criminal Background Check



[Home](#) • [About Us](#) • [CJIS](#) • [Identification Record Request/Criminal Background Check](#) • [Submitting an Identification Record...](#)

Submitting an Identification Record Request to the FBI

Step 1: Complete the Applicant Information Form.

- If the request is for a couple, family, etc., all persons must sign the form.
- Include your complete mailing address. Please provide your telephone number and/or e-mail address, if available.

Step 2: Obtain a set of your fingerprints.

- Provide the original fingerprint card. Previously processed cards or copies will not be accepted.
- Your name and date of birth **must be** provided on the fingerprint card. Fingerprints should be placed on a standard fingerprint form (FD-258) commonly used for applicant or law enforcement purposes.
- Include rolled impressions of all 10 fingerprints and impressions of all 10 fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions).
- If possible, have your fingerprints taken by a fingerprinting technician. This service may be available at a law enforcement agency.
- To ensure the most legible prints possible, refer to the Recording Legible Fingerprints brochure.

Step 3: Submit payment.

- Option 1: Obtain a money order or cashier's check for \$18 U.S. dollars made payable to the Treasury of the United States. Please be sure to sign where required.
- Option 2: Pay by credit card using the Credit Card Payment Form. **Don't forget to include the expiration date of the credit card that you are using.**
- **Important note:** Cash, personal checks, or business checks WILL NOT be accepted.
- Payment must be for the exact amount.
- If the request is for a couple, family, etc., include \$18 for each person.
- If the request is for multiple copies per person, include \$18 for each copy requested.

Step 4: Review the FBI Identification Record Request Checklist to ensure that you have included everything needed to process your request.

Step 5: Mail the required items listed above—signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars for each person or copy requested—to the following address:

FBI CJIS Division – Record Request
1000 Custer Hollow Road
Clarksburg, WV 26306

Note: Although the FBI employs the most efficient methods for processing these requests, processing times may take approximately eight weeks depending on the volume of requests received.

Forms and Links

Identification Record Request Home

New FD-258 Fingerprint Card

FBI Option

- Address Change Request Form
- Applicant Information Form
- Background Check for Employment/Licensing
- Challenge of a Criminal History Record
- Credit Card Payment Form
- Frequently Asked Questions
- Record Request Checklist
- State Identification Bureau Listing
- U.S. Department of Justice Order 556-73

Channeler Option (coming soon)

- Background Check for Employment/Licensing
- Challenge of a Criminal History Record
- FBI-Approved Channelers
- Frequently Asked Questions
- State Identification Bureau Listing
- U.S. Department of Justice Order 556-73

NC STATE BUREAU OF INVESTIGATION



Right to Review Process

Instructions for Reviewing Your North Carolina Criminal History Record

SBI – Criminal Information and Identification Section

7/1/2021

This informational packet includes all the necessary documentation and requirements needed to obtain a copy of your North Carolina criminal history record. Packet also includes instruction for the local law enforcement agency to assist in this process.

RIGHT TO REVIEW PROCESS

The Right to Review Process enables you to receive a copy of your North Carolina criminal history record from the NC State Bureau of Investigation (SBI). This record check consists of a search for previous arrest(s) and associated disposition(s), if available, for which the SBI received a fingerprint card from an arresting agency in North Carolina. The process does not include any criminal history information that may be maintained at the national level or by another state.

There is a \$14.00 fee to process each request for the Right to Review. Each process is a biometric (fingerprint-based) search of the SBI's computerized criminal history file.

A complete set of legible fingerprints, including all ten fingers, is required to conduct your request. Exceptions are made for finger amputations and other deformities. If the fingerprints are of insufficient quality to conduct the search—or if the fingerprint card is not completely and accurately filled out—the fingerprint card will be returned to you. Another set of fingerprints would then be required to continue your request.

You will receive a formal response on SBI letterhead by US Mail about the findings of the Right to Review Process. If a criminal history record matches the fingerprint card you provide, a copy of that record will be attached to your SBI response letter.

Read these guidelines on the following pages to request the Right to Review Process:

- Legal Authorization for Right to Review
- Instructions for Law Enforcement Officer (LEO) or Authorized Official at Local Fingerprint Service Taking Fingerprints
- Request Form Instructions

Requests are accepted only by US Mail. In-person direct delivery is not permitted. Results of the search are sent to you by first-class US Mail. **The SBI does not use shipping alternatives such as FedEx or UPS.** Upon receipt of the results, you are free to share the information with whomever you choose. However, **the SBI is not legally authorized to send search results to a third party.**

For further questions, please call the SBI at (919) 582-8660.

LEGAL AUTHORIZATION FOR RIGHT TO REVIEW

NC Administrative Code
Title 14B Chapter 18
Subchapter 18B.0404

INDIVIDUAL'S RIGHT TO REVIEW HIS OR HER OWN CRIMINAL HISTORY RECORD

- (a) An individual may obtain a copy of his or her own criminal history record by submitting a written request to the NC State Bureau of Investigation, Criminal Information and Identification Section, Attn: Civilian Services Unit—Right to Review, Post Office Box 29500, Raleigh, NC 27626-0500.

The written request must be accompanied by a **Certified Check OR Money Order in the amount of \$14.00 payable to the NC State Bureau of Investigation is the only acceptable form of payment. Cash or personal checks are NOT accepted. Written request must contain proof of identity* to include:**

1. Complete name and address
2. Race
3. Sex
4. Date of birth
5. Social security number — *Optional* **
6. Legible set of fingerprint impressions

* Proof of identity will be required when you get fingerprinted at your local law enforcement agency.

** Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be only used to assist with accurate identification/exclusion of possible criminal history records.

- (b) The response shall be submitted only to the individual. Copies of the response shall not be provided to a third party.
- (c) The accuracy or completeness of an individual's record may be challenged by submitting the "Right to Review Request Criminal History Written Exception" form.
- (d) Upon receipt of the "Right to Review Request Criminal History Written Exception," the Criminal Information and Identification Section (CIIS) shall initiate an internal record audit of the challenger's record to determine its accuracy. If any potential inaccuracies or omissions are discovered, CIIS shall coordinate with the arresting agency to review the charge information previously submitted by that agency. Appropriate action shall be taken based on, in part, information provided by the arresting agency. CIIS shall inform the challenger in writing of the results of the audit.
- (e) If the audit fails to disclose any inaccuracies, or if the challenger wishes to contest the results of the audit, he or she is entitled to an administrative hearing pursuant to G.S. 150B-23.

History Note: Statutory Authority G.S. §§ 114-10, 114-10.1, and 114-19.1 were recodified as G.S. §§ 143B-902 through 143B-905 effective July 1, 2014 by Session Law 2014-100. North Carolina Administrative Code 12 NCAC 041.0404 effective August 1, 2014 was recodified to 14B NCAC 18B.0404 effective November 1, 2015.

FINGERPRINTING FOR THE PURPOSES OF A RIGHT TO REVIEW

Instructions for Law Enforcement Officer (LEO) or Authorized Official Taking Fingerprints

The bearer of this letter is seeking to obtain a copy of his or her criminal history record information through the Right to Review Process. Authorization for this process is found in 14B NCAC 18B.0404 of the NC Administrative Code. In order to complete the Right to Review Process, the requestor must be fingerprinted by a law enforcement official. Then the requestor must mail those fingerprints to the NC State Bureau of Investigation. **The following necessary steps are done by law enforcement officer.**

Step 1 — Identity Verification

Verify the identity of the bearer of this letter by requesting a driver's license or another government-issued picture identification card. Ensure the identifying data on the ID card corresponds to the identifying data provided by the requestor:

Step 2 — Completing Fingerprint Process

The fingerprints must be collected using a FD-258 Applicant Fingerprint Card. The following is required information to be included on the fingerprint card:

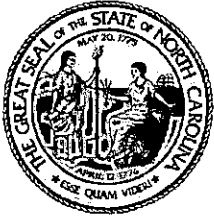
1. Name of person requesting the Right to Review
 - ▶ Include all married and maiden names if the requestor is a female
2. Race, sex, and date of birth
3. Date, address, and signature of requestor
4. Reason fingerprinted: Right to Review
5. Date and signature of the LEO or authorized official taking the fingerprints. The LEO or authorized official signature indicates that he/she has verified the proof of identity of the bearer of this letter.
6. Social Security Number — *Optional*.*

** Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be only used to assist with accurate identification or exclusion of possible criminal history records.*

Step 3 — Provide Fingerprint Card

Upon completion of the fingerprinting process, provide individual with the completed fingerprint card. The requestor must include the fingerprint card with other required documentation and fee in mailed packet to the NC State Bureau of Investigation.

*Thank you for your assistance in this matter.
For further questions or clarification, contact the SBI at (919) 582-8660.*



NORTH CAROLINA
STATE BUREAU OF INVESTIGATION



P.O. BOX 29500
Raleigh, NC 27626-0500

ROY COOPER
GOVERNOR

BOB SCHURMEIER
DIRECTOR

INSTRUCTIONS

MAIL all required items below (1-3) to the SBI at the address shown — US Mail only is accepted.

▶ NO PERSONAL DELIVERY PERMITTED

1. Obtain a set of your fingerprints at your local law enforcement agency (police department or sheriff's office) on a FD-258 Applicant Fingerprint Card. Give page 4 of this packet to the law enforcement officer who takes your fingerprints. **▶ DO NOT FOLD FINGERPRINT CARD into mailing envelope**
2. Include Certified Check OR Money Order (\$14.00 fee for each request) payable to the NC State Bureau of Investigation. **DO NOT** endorse the back of certified check or money order. Multiple requests may be submitted in one envelope. **▶ CASH AND PERSONAL CHECKS ARE NOT ACCEPTED**
3. Complete Request Form below. Make a copy for your personal records and mail original form to the SBI.
▶ If any required items (1-3) are missing or incomplete, your request will be returned to you. ◀

SEND BY US MAIL to:

NC State Bureau of Investigation
Criminal Information and Identification Section
Attention: Civilian Services Unit — Right to Review
Post Office Box 29500
Raleigh, NC 27626-0500

Request Form – Right to Review

TYPE FILLABLE FORM BELOW -OR- PRINT COPY & CLEARLY PRINT



No Cash or Personal
Checks Accepted

Applicant's Full Name: _____ Date: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Date of Birth: _____ Sex: Male Female Social Security Number: _____
(Check X one)

Reason for Request: Employment Travel Visa Pennsylvania Employment/Licensure
 Name Change Other: (describe) _____

Requests accepted by US Mail only. The results are sent directly to you by first-class US Mail. The SBI does not use companies such as Federal Express-Overnight or UPS Shipping. You may send a prepaid USPS Priority Mail envelope to return your request to you.

> THE SBI CANNOT SEND RESULTS TO A THIRD PARTY <

For further questions, please call the SBI at (919) 582-8660 or email us at CIIShelp@ncsbi.gov.
**IF REQUESTING BACKGROUND FOR NAME CHANGE,
PLEASE REQUEST "NATIONAL IDENTITY HISTORY SUMMARY" CHECK FIRST FROM FBI.**

APPLICANT

See Privacy Act Notice on Back

FD-258 (REV.12-10-07)

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH

POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

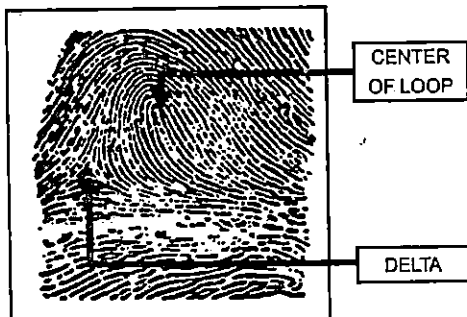
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

\$15.00 Harrell Gary Sheffield Dept.

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306**

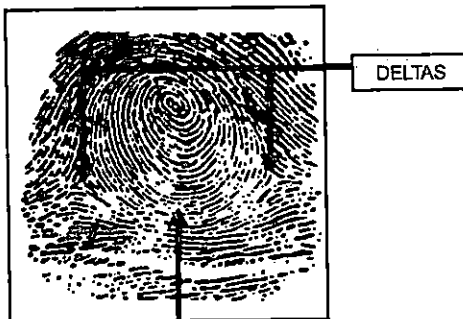
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

FD-258 (REV. 12-10-07)

THIS CARD FOR USE BY:

- LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
- OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
- U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
- OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation. Ensure all information is typed or legibly printed using blue or black ink. Enter data within the boundaries of the designated field or block. Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

* Required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

* criminal fingerprint cards also require an arrest charge and date of arrest.
* civil fingerprint cards also require a reason fingerprinted and date fingerprinted

Do not use highlighters on fingerprint cards.

Do not enter data or labels within "Leave Blank" areas.

Ensure the "Reply Desired" field is checked when applicable (criminal only).

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on "Fingerprints", then click on "Ordering Fingerprint Cards & Training Aids". Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at clialson@leo.gov.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice

INSTRUCTIONS:

- PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
 - IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
 - FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** MISCELLANEOUS NO. - RECORD; OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).



Identification Record Request/Criminal Background Check

Home • About Us • CJIS • Identity History Summary Checks • Submitting an Identity History Summary to the FBI

Submitting an Identity History Summary Request to the FBI

Step 1: Complete the Applicant Information Form.

- If the request is for a couple, family, etc., all persons must sign the form.
- Include your complete mailing address. Please provide your telephone number and/or e-mail address, if available.

Note: Due to automation of the mail process, tentatively scheduled for January 12, 2015, the FBI will no longer provide Identity History Summary results on blue security paper. All responses will be processed on standard white paper. Additionally, the FBI will no longer accept return self-addressed envelopes with Departmental Order requests. This includes pre-paid Priority Mail, FedEx account numbers, United Parcel Service, etc., foreign postage coupons, and requests to forward correspondence to the Department of State for the apostille process. Envelopes received will be destroyed. The FBI will return all results, both foreign and domestic, by First-Class Mail via the U.S. Postal Service. Thank you for your patience as we try to streamline our processes to improve our service to you.

Step 2: Obtain a set of your fingerprints.

- Provide the original fingerprint card. Previously processed cards or copies will not be accepted.
- Your name and date of birth *must be* provided on the fingerprint card. Fingerprints should be placed on a standard fingerprint form (FD-258) commonly used for applicant or law enforcement purposes. The FBI will accept FD-258 fingerprint cards on standard white paper stock.
- Include rolled impressions of all 10 fingerprints and impressions of all 10 fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions).
- If possible, have your fingerprints taken by a fingerprinting technician. This service may be available at a law enforcement agency.
- Fingerprints taken with ink or via live scan are acceptable.
- To ensure the most legible prints possible, refer to the **Recording Legible Fingerprints brochure**. If fingerprints are not legible, the fingerprint card will be rejected. This could cause delays in processing and could also result in additional fees.

Note: The name on your response letter will match the name indicated on the fingerprint card. Also, if the last four digits of your social security number is needed on your response letter, then please ensure your full nine-digit social security number is on the fingerprint card when submitting your request.

Step 3: Submit payment.

- Option 1: Pay by credit card using the **Credit Card Payment Form**. Don't forget to include the expiration date of the credit card that you are using.
- Option 2: Obtain a money order or certified check for \$18 U.S. dollars made payable to the Treasury of the United States. Please be sure to sign where required.
- **Important note:** Cash, personal checks, or business checks WILL NOT be accepted and sending any of these will delay processing of your request.
- Payment must be for the exact amount.
- If the request is for a couple, family, etc., include \$18 for each person.
- If the request is for multiple copies per person, include \$18 for each copy requested.
- The FBI will not accept additional payment to expedite your request.

Step 4: Review the **Identity History Summary Request Checklist** to ensure that you have included everything needed to process your request.

Step 5: Mail the required items listed above—signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars for each person or copy requested—to the following address:

FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, WV 26306

Accessibility | eRulemaking | Freedom of Information Act | Legal Notices | Legal Policies and Disclaimers | Links | Privacy Policy | USA.gov | White House
FBI.gov is an official site of the U.S. government, U.S. Department of Justice

Close

Forms and Links

[Identity History Summary Checks Home](#)

[FD-258 Fingerprint Card](#)

FBI Option

- [Address Change Request Form](#)
- [Applicant Information Form](#)
- [Background Check for Employment/Licensing](#)
- [Challenge of an Identity History Summary](#)
- [Identity History Summary Request Checklist](#)
- [Credit Card Payment Form](#)
- [Frequently Asked Questions](#)
- [State Identification Bureau Listing](#)
- [State-Maintained Records Listing](#)
- [U.S. Department of Justice Order 556-73](#)

Channeler Option

- [Background Check for Employment/Licensing](#)
- [Challenge of an Identity History Summary](#)
- [FBI-Approved Channelers | List](#)
- [Frequently Asked Questions](#)
- [State Identification Bureau Listing](#)
- [State-Maintained Records Listing](#)
- [U.S. Department of Justice Order 556-73](#)

For Law Enforcement Only

- [Certified Copies of Fingerprint & Identity History Summaries](#)

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information * Denotes Required Fields

*Last Name _____ *First Name _____
Middle Name 1 _____ Middle Name 2 _____

*Date of Birth: _____ *Place of Birth: _____ U.S. Citizen or Legal Permanent Resident:
Yes No

*Country of Citizenship: _____ Country of Residence: _____ Prisoner Number (if applicable): _____
*Last Four Digits of Social Security Number: _____

*Height: _____ *Weight: _____

***Hair (please check appropriate box):**

- Bald Black Blonde/Strawberry Blue Brown Gray Green Orange Pink
- Purple Red/Auburn Sandy Unknown White

***Eyes (please check appropriate box):**

- Black Blue Brown Gray Green Hazel Maroon Multicolored Pink Unknown

Applicant Home Address

*Address _____
*City _____ *State _____
*Postal (Zip) Code _____ *Country _____
Phone Number _____ E-Mail _____

Mail Results to Address

C/O _____ ATTN _____
Address _____
City _____ State _____
Postal (Zip) Code _____ Country _____
Phone Number (if different from above) _____

Payment Enclosed: (please check appropriate box)

- CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

Reason for Request:

- Personal review Challenge information on your record Adoption of a child in the U.S.
- International adoption Live, work, or travel in a foreign country Other

* APPLICANT SIGNATURE _____ DATE _____

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

**FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306**

*You may request a copy of your own Identity History Summary to review it
or obtain a change, correction, or an update to the summary.*

Did You Remember To...?

Please check the boxes below to ensure that you have included everything needed to process your request.

- Include a **completed** application form.
- Sign your application. *Note: If for a couple, family, etc., all must sign the application.*
- Include a **completed** fingerprint card. A completed fingerprint card includes the following:
 - 1. Name
 - 2. **Date of Birth**
 - 3. Descriptive Data
 - 4. All 10 rolled fingerprint impressions.
 - 5. The plain impressions including thumbs of both hands.
- Include a credit card payment form, certified check*, or money order for **\$18.00** per request.
Note: This amount must be exact.
- If using a credit card, please ensure the credit card payment form is filled out completely.
Don't forget to include the expiration date of the credit card that you are using.
- If paying with a certified check or money order, make it payable to the **Treasury of the United States.**

**CASH OR PERSONAL/BUSINESS CHECKS
ARE NOT AN ACCEPTED FORM OF PAYMENT.**

- Include a form of contact information (i.e., e-mail, telephone number) in case we need to contact you.**

**To issue a certified check, the bank verifies that sufficient funds exist in the requestor's account to cover the check and so certifies payment at the time the check is written. Those funds are then set aside in the bank's internal account until the check is cashed or returned to the payee.*

Mail: 1903 Mail Service Center
 Raleigh, NC 27699-1903

Location: 225 North McDowell St.
 Raleigh, NC 27603-1382

PLEASE PRINT

Application for a Copy of a North Carolina Birth Certificate

Certificate Information

Full Name on Certificate

(If adopted, provide new information)

First Name

Middle Name

Last Name

Date of Birth

Month

Day

Year

Sex Male Female

Were parents married at time of birth? Yes No

Place of Birth

City

County

Is this person deceased? Yes No

Full Name of Parent

(Adoptive parent, if applies)

First Name

Middle Name

Last Name

Last Name (before any marriage, if different)

Full Name of Parent

(Adoptive parent, if applies)

First Name

Middle Name

Last Name

Last Name (before any marriage, if different)

Check all boxes that apply; add the fees in 1-3 and place the total amount in #4. See further instructions on Page 2.

Your Relationship to the Person Whose Certificate is Requested:
 (Check one)

1. Order Certificate

Processing times vary.
 Check website for current information.
 (Non-refundable fee)

- Certificate Search and First Copy (\$24) \$ _____
- # _____ additional copies x \$15 \$ _____
- Certified (Legally suitable for any purpose)
- Uncertified (Suitable for research purposes)

- Self
- Spouse (Current)
- Brother/Sister
- Child
- Parent/Step-Parent
- Grandparent
- Authorized agent, attorney or legal representative of the person listed (**Proof REQUIRED**)
- Other (may not be entitled to a certified copy) Specify _____

How do you plan to use this record?

2. Record Changes (Only if applies)

Appointment required for in-person services.
 (\$15 non-refundable processing fee)

- Adoption \$ _____
- Amendment \$ _____
- Name Change \$ _____
- Legitimation Court Order \$ _____
- Legitimation (mother married father after child's birth) \$ _____
- Paternity (no fee) \$ 00.00
- Other \$ _____

(Please Print)

Requestor: _____

Print Name of Person Requesting a Certificate

Address: _____

Street Address (P.O. Box cannot be used for expedited shipping)

P.O. Box (If mailing to a P.O. Box, street address must also be listed above)

City, State, Zip Code _____

(Area Code) Telephone Number (During business hours) _____

Email Address: _____

Payment: Please pay with a cashier's check or money order made payable to N.C. Vital Records. Personal checks are not accepted. Requests that are submitted with no payment, or incomplete payment or incomplete information will be returned. Credit card payment is available for walk-in customers.

3. Faster Service (Choose only one)

Optional for mail-in requests
 (\$15 non-refundable expedite fee)

- Walk-in Service (\$15) \$ _____
- Expedited Processing (\$15) \$ _____
 (Shipped by regular mail)
- Expedited Processing and Expedited Shipping (\$35) \$ _____
 (Call for expedited shipping fees outside the continental United States)

ID OF THE PERSON REQUESTING A CERTIFICATE IS REQUIRED:

See Page 2 for a list of acceptable IDs. Requests that do not include proper identification will be returned.

4. Total Fees

(Add 1+2+3 above for total) \$ _____

I hereby certify that all the above information is true to the best of my knowledge. Note: It is a felony violation of N.C. Law (G.S. 130A-26A) to make a false statement on this application or to unlawfully obtain a copy or a certified copy of a birth certificate.

Signature of Person Requesting a Certificate _____

Date _____

Office Use Only: SFN _____ DCN _____ Cartridge/Frame _____

Amount received: \$ _____ Identification presented _____

Request number _____ Request date _____

CUSTOMER MUST COMPLETE

Order Certificate

A certificate search costs \$24 and includes one copy if the certificate is located. The search covers a three year period. Requests are processed in the order received and can take up to five weeks plus the mail delivery time. The search fee is required to process a request and is non-refundable even if a record cannot be located.

Record Changes

Complete this section only if you are making a request to change information on the birth certificate. The \$15 processing fee to review your request is non-refundable. In-person assistance for this service is by appointment only. Please call (919) 792-5986 to schedule an appointment. If your request involves more than one birth record, the \$15 processing fee applies to each individual's birth record that requires change(s).

Faster Service

To receive expedited service you **MUST write "Expedite"** on the outside of the envelope. Expedited requests will be processed within 10 business days. This does not include the additional day(s) for shipping. This is a non-refundable fee.

Identification Requirement

Due to identity theft and other fraudulent use of vital records, **ID of the person requesting a certificate is REQUIRED. Requests that do not include ID will be returned. You MUST include a legible photocopy of one of the photo IDs listed below with your request:**

- Current state-issued driver's license (address must match requestor's address on application)
- Current state-issued non-driver photo ID card (address must match requestor's address on application)
- Current Passport or Visa (must include photo)
- Current U.S. military ID
- Current Department of Corrections photo ID card dated within the last year
- Current state or U.S. government agency photo ID card (for persons requesting certificates as part of that agency's business)
- Current student ID card with copy of transcript

If you do not have one of the IDs listed above, you must provide legible photocopies of TWO of the following (must be two DIFFERENT forms of ID):

- Temporary driver's license
- Current utility bill with current address
- Car registration or title with current address
- Bank statement with current address
- Pay stub with current address
- Income tax return/W-2 form showing current address
- Letter from government agency dated within the last six months and showing current address
- State-issued concealed weapon permit showing current address

If you are unable to meet our ID requirements, a family member or other person who is entitled to obtain the certificate, and who can meet the ID requirements, may request it.

A list of persons entitled to obtain certificates is located on our website at <http://vitalrecords.nc.gov/faqs.htm>.