



NORTH CAROLINA  
**JUSTICE FOR STERILIZATION VICTIMS FOUNDATION**  
 A Division of the North Carolina Department of Administration  
 www.sterilizationvictims.nc.gov

**First Party Verification Request**  
**North Carolina Eugenics Board Program**

**Please complete this form and mail the notarized copy to:**  
 North Carolina Justice for Sterilization Victims Foundation  
 1330 Mail Service Center • Raleigh, N.C. 27699-1330 • Office: (919) 807-4270

**First Party Verification**

**I believe that I may be a victim of sterilization by the North Carolina Eugenics Board program.**

**Please print or type, do NOT use any abbreviations or initials.**

**Part A: Current Information**

Current First, Middle, Last Name \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Current Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 County \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Victim's Date of Birth (MM/DD/YYYY) \_\_\_\_\_

**Part B: Identifying Information at Time of Procedure**

Full Name at Time of Procedure (First, Middle, Last Name) \_\_\_\_\_  
 \_\_\_\_\_  
 Nickname or Alias at the Time of Procedure \_\_\_\_\_  
 Estimated Date or Year of Procedure \_\_\_\_\_  
 County of Residence at Time of Procedure \_\_\_\_\_  
 Name of Institution at Time of Procedure \_\_\_\_\_

***This form permits the North Carolina Justice for Sterilization Victims Foundation, related entities and assisting state agencies access to search North Carolina Eugenics Board program records on your behalf. Submission of this request does not confirm or deny your status as a person impacted by the actions of the North Carolina Eugenics Board program between 1929 and 1974. Third party verifications (verifications requested by someone other than the impacted individual) should be submitted using the Third Party Verification Request form and must be accompanied by documentation as specified on that form. I understand that completion of this form does not guarantee any type or form of compensation.***

**Applicant's Signature** \_\_\_\_\_  
 (Please sign in the presence of a Notary Official)

*Notary Seal*

**Date** \_\_\_\_\_  
 Subscribed and affirmed before me in the County of \_\_\_\_\_,  
 State of \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_.

Notary's Official Signature \_\_\_\_\_ Print \_\_\_\_\_  
 Commission Expiration Date \_\_\_\_\_