Application for Copies of Vital Records

Return to: ***Jeff L. Thigpen - Register of Deeds***

Post Office Box 3427
Greensboro NC 27402
(336) 641-7556

OR

Post Office Box 1467
High Point NC 27261-1467
GuilfordDeeds.com

Check Type Requested: ☐ Certified Fee: $ 10.00 each
☐ Uncertified Fee in Person: $. 05 each ☐ Uncertified Fee by Mail: $1.00 each

Please Print or Type

Birth Certificate

Check Type ☐ Certified ☐ Uncertified **Number of copies** ___

Full Name at Birth:_____
Date of Birth: _____
Father/Parent Full Name (Maiden): _____
Mother/Parent Full Name (Maiden): _____

For Office Use

Book _____
Page _____

Death Certificate

Check Type ☐ Certified ☐ Uncertified **Number of copies** ___

Full Name of Deceased:_____
Date of Death: _____

Book _____
Page _____

Marriage Certificate

Check Type ☐ Certified ☐ Uncertified **Number of copies** ___

Applicant Name: _____
Applicant Name: _____
Date of Marriage: _____

Book _____
Page _____

The above certificate is for: (Check your choice below)

- ☐ Myself
- ☐ Spouse/Husband/Wife
- ☐ Child/Stepchild
- ☐ Brother/Sister
- ☐ Mother/Father/Stepparent
- ☐ Grandchild/Great-Grandchild
- ☐ Grandparent/Great-Grandparent
- ☐ Seeking information for legal determination of personal or property rights (Proof Required)
- ☐ Authorized agent, attorney or legal representative of the person listed above (Proof Required)

Please enclose a photocopy of your picture ID.
A pcture ID is required for certified copies.

I hereby certify that all of the information given is true to the best of my knowledge and belief.
(North Carolina General Statutes 130A-93 and 99)

Applicant's Signature _____ (Required) Print Name_____ (Required)

Address: _____ (Required) City/State/Zip: _____ (Required)

Email Address: _____ ID Presented: _____ (Required) Date: _____ (Required)

Warning: Making a false application for a vital record is a felony under state and federal laws

GC 1434 Rev 7-20-2018 Rev 12-19-2018