

Application for Copies of Vital Records

Return to:

Jeff L. Thigpen - Register of Deeds

Post Office Box 3427

Post Office Box 1467

Greensboro NC 27402 **OR**

High Point NC 27261-1467

(336) 641-7556

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: _____

For Office Use

Date of Birth: _____

Father/Parent Full Name (Maiden): _____

Book _____

Mother/Parent Full Name (Maiden): _____

Page _____

Death Certificate

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

Full Name of Deceased: _____

Book _____

Date of Death: _____

Page _____

Marriage Certificate

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

Applicant Name: _____

Applicant Name: _____

Book _____

Date of Marriage: _____

Page _____

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

☐

Myself

☐

Grandchild/Great-Grandchild

☐

Spouse/Husband/Wife

☐

Grandparent/Great-Grandparent

☐

Child/Stepchild

☐

Seeking information for legal determination of personal or property rights **(Proof Required)**

☐

Brother/Sister

☐

Authorized agent, attorney or legal representative of the person listed above **(Proof Required)**

☐

Mother/Father/Stepparent

Please enclose a photocopy of your picture ID.

A picture 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