

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

Circle 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 Circle 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 Circle Type Certified Uncertified Number of copies _____

Full Name of Deceased: _____ Book _____
Date of Death: _____ Page _____

MARRIAGE CERTIFICATE Circle Type Certified Uncertified Number of copies _____

Applicant Name: _____
Applicant Name: _____ Book _____
Date of Marriage: _____ Page _____

The above certificate is for: (Please circle your choice below)

- | | |
|-----------------------------|--|
| 1. Myself | 6. Grandchild/Great-Grandchild |
| 2. Spouse/Husband/Wife | 7. Grandparent/Great-Grandparent |
| 3. Child/Stepchild | 8. Seeking information for legal determination of personal or property rights (Proof Required) |
| 4. Brother/Sister | 9. Authorized agent, attorney or legal representative of the person listed above (Proof Required) |
| 5. 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 _____ Print Name _____

Address: _____ City/State/Zip: _____

Email Address: _____ ID PRESENTED: _____ Date: _____

WARNING: MAKING A FALSE APPLICATION FOR A VITAL RECORD IS A FELONY UNDER STATE AND FEDERAL LAWS