

**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

**Circle Type Requested:** NOTE: Wallet size not acceptable for Social Security, Passport, etc  
**Certified Fee :\$ 10.00 each      Uncertified Fee In Person :\$. 05 each**  
**Uncertified Copies by Mail \$1.00 each**

**Please enclose a photocopy of your picture ID for certified copies.**

PLEASE PRINT OR TYPE

**BIRTH CERTIFICATE**      Number of copies      Full Size \_\_\_\_\_ Wallet \_\_\_\_\_

Full Name at Birth: \_\_\_\_\_ **FOR OFFICE USE**  
Date of Birth: \_\_\_\_\_  
Father Full Name: \_\_\_\_\_ Book \_\_\_\_\_  
Mother Full Name (Maiden): \_\_\_\_\_ Page \_\_\_\_\_

**DEATH CERTIFICATE**      Number of copies      Full Size \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_ Book \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Page \_\_\_\_\_

**MARRIAGE LICENSE**      Number of copies      Full Size \_\_\_\_\_ Wallet \_\_\_\_\_

Full Name of Groom: \_\_\_\_\_  
Full Name of Bride (Maiden) \_\_\_\_\_ Book \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Page \_\_\_\_\_

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

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

**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: \_\_\_\_\_

**PLEASE ENCLOSE A PHOTOCOPY OF YOUR PICTURE ID. A PICTURE ID IS REQUIRED FOR CERTIFIED COPIES.**

**WARNING: MAKING A FALSE APPLICATION FOR A VITAL RECORD**  
**IS A FELONY UNDER STATE AND FEDERAL LAW.**