



**Forsyth County Register of Deeds • Vital Records • Mail Order Request Form**  
 Only Forsyth County, North Carolina records are available with this form

**NO PERSONAL CHECKS ACCEPTED**

Enclose payment by **Money Order or Certified Check** made out to **Forsyth County ROD**.  
 Certified copies, good for legal purposes are \$10 each *plus* self-addressed and stamped envelope.  
 Uncertified copies are \$1 each no postage required. Forms can be printed at [www.forsyth.cc/ROD](http://www.forsyth.cc/ROD).

**Mail Request and Payment along with Self-addressed and Stamped Envelope to:**  
**Forsyth County ROD • Vital Records • 201 N Chestnut Street • Winston-Salem NC 27101**

*For other counties' records please contact them directly or for a higher fee, write to NC Vital Records, 1903 Mail Service Center, Raleigh, NC 27699*

<b>BIRTH CERTIFICATE</b>		<b>Number of Copies:</b> ____ Certified \$10 each ____ Un-Certified \$1 each		
<b>Name at Birth</b>	First	Middle	Last	
<b>Date of Birth</b>	Month	Day	Year	<b>Place of Birth</b> County State
<b>Father's Full Name</b>	First	Middle	Last	
<b>Mother's Full Name</b>	First	Middle	Maiden	Last

<b>DEATH CERTIFICATE</b>		<b>Number of Copies:</b> ____ Certified \$10 each ____ Un-Certified \$1 each		
<b>Deceased Full Name</b>	First	Middle	Maiden	Last
<b>Date of Death</b>	Month	Day	Year	<b>Place of Death</b> County State

<b>MARRIAGE CERTIFICATE</b>		<b>Number of Copies:</b> ____ Certified \$10 each ____ Un-Certified \$1 each		
<b>Groom's Full Name</b>	First	Middle	Last	
<b>Bride's Full Name</b>	First	Middle	Maiden	Last
<b>Date of Marriage</b>	Month	Day	Year	<b>Place of Marriage</b> County State

**ATTESTATION** (Please answer all questions below)

**1) I Am Requesting Records For:** (check and answer all that apply)

- A)  My own records    B)  My family records (specify relationship)     Spouse    Parent    Step-Parent    Child    Step-Child  
 Brother    Sister    Grandparent    Grandchild
- C)  Information for legal determination of personal or property rights (include proof- *subject to review*)
- D)  I am an authorized agent, attorney, or legal guardian/representative of a person listed in A, B or C above and have attached documentation of my authority. (NC General Statute 130A-93 and 99)

**2) I Will Use These Records For:** (specify) \_\_\_\_\_

**ATTESTATION**

My signature below attests that the above information is true and correct to the best of my knowledge and belief.

<b>Applicant Signature</b>			<b>Phone</b> ( ____ ) ____ - ____	
<b>Applicant Printed Full Name</b>	First	Middle	Last	
<b>Applicant Mailing Address</b>	Address	City	State	Zip

**NOTARY STATEMENT** (REQUIRED for all CERTIFIED COPIES that are requested by mail)

I certify that the person listed in the Attestation above personally appeared before me and signed this document in my presence on this day, the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), 20 \_\_\_\_ (year)

Official Signature of Notary \_\_\_\_\_

Notary's printed or typed name \_\_\_\_\_, Notary Public

In the County of \_\_\_\_\_, in the State of \_\_\_\_\_

My commission expires on \_\_\_\_\_