

Application for Vital Records Copy

Lynne Johnson, Forsyth County Register of Deeds 201 N Chestnut St, Winston-Salem, NC 27101 336-703-2700

Certified Copy - \$10.00 each (official copy with seal) Non-certified copy - .50 each (unofficial copy no seal)

Payment - Cashier's Check, Money Order - NO PERSONAL CHECKS - DO NOT SEND CASH

Enclose a self-addressed stamped envelope

Circle One				
Birth Ce	rtificate (Certified	Uncertified	#of Copies
Full Name	e at Birth:			
Date of Bi	41-			·
Full name	D			
Full Name				
Death Co	ertificate			
Full Name	e of Deceased:			
Date of De				-
Marriag	e Certificate			
Full Name	Applicant 1:			
Full Name				——·· ·····
Date of Ma				
mi .				
The cert	ificate requested is f	or: (Circle One)		
1. M	lyself	6.	Grandchild/Great-Grandchi	ld
	pouse	7.		
	hild/Stepchild	8.	I am seeking information of	
	rother/Sister	_	of personal property rights.	
5. M	lother/Father/Steppare	nt 9.	I am authorized agent, attorr (proof required)	ney,or legal representative
I hereby co	ertify that all of the above	information is true	e to the best of my knowledge a	and belief. NOTE; It is a Class
i iciony to	give laise statements to (obtain a certified co	py of a vital record. NC General	Statute 130A-93,99.
Applicant's Signature			Telepnone #	
Mailing Address			City,State,Zip Cod	e