

APPLICATION FOR CERTIFIED COPY OF FORSYTH COUNTY VITAL RECORD

Only Forsyth County, NC records available with this application.



NO PERSONAL CHECKS ACCEPTED. Certified copies are \$10 each. Enclose payment by Money Order or Bank issued Counter Check. Call (336) 703-2700 to verify record, or for payment and address questions. Mail NOTARIZED applications, payment and self-addressed stamped envelope to:
Register of Deeds • Vital Records • 201 N. Chestnut St, Winston-Salem, NC 27101

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

BIRTH CERTIFICATE				
Name at Birth	First	Middle	Last	
Date of Birth	Month	Day	Year	Place of Birth County State
Father's Full Name	First	Middle	Last	
Mother's Full Name	First	Middle	Maiden	Last

DEATH CERTIFICATE				
Deceased Full Name	First	Middle	Maiden (if applicable)	Last
Date of Death	Month	Day	Year	Place of Death County State

MARRIAGE CERTIFICATE				
Groom's Full Name	First	Middle	Last	
Bride's Full Name	First	Middle	Maiden	Last
Date of Marriage	Month	Day	Year	Place of Marriage County State

ATTESTATION (Please answer all questions below)	
1) I Am Requesting Records For: (check and answer all that apply)	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Child <input type="checkbox"/> Step-Child <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild
A) <input type="checkbox"/> My own records B) <input type="checkbox"/> My family records (specify relationship)	
C) <input type="checkbox"/> Information for legal determination of personal property rights	
D) <input type="checkbox"/> 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. (see NC General Statute 130A-93 and 99)	
2) I Will Be Using These Records For: (specify) _____ _____ _____	

ATTESTATION (Signature must be witnessed by Notary Public for mail requests)				
My signature below attests that the above information is true and correct to the best of my knowledge and belief.				
Applicant Signature				
Applicant Printed Full Name	First	Middle	Last	
Applicant Mailing Address	Address	City	State	Zip

NOTARY STATEMENT

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 _____