



REGISTER OF DEEDS
Application for Certified Copy of Vital Records

Mail completed request form to : Stokes County Register of Deeds P.O. Box 67 Danbury, NC 27016
\$10 Each certified copy (Check or Money Order)
\$25 Return Check Charge

Birth Certificate

Name at Birth: _____ Date of Birth: _____

Mother's full maiden name: _____

Father's full name: _____

Death Certificate

Full Name of the Deceased: _____ Date of Death: _____

Relationship to Deceased: _____ Number of Copies: _____

Marriage License

Name of Groom: _____

Bride's name and maiden name: _____

Date of Marriage: _____

THE CERTIFICATE OF THE ABOVE NAMED PERSON IS FOR: (Check One)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Myself | <input type="checkbox"/> I am seeking information for legal determination of personal or property rights. |
| <input type="checkbox"/> My Spouse | |
| <input type="checkbox"/> My Brother | <input type="checkbox"/> I am an authorized agent, attorney, or legal representative of the person listed above. |
| <input type="checkbox"/> My Sister | (Proof Required) |
| <input type="checkbox"/> My Child | |
| <input type="checkbox"/> My Parent | <input type="checkbox"/> Other: _____ |

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant's Signature

Mailing Address

Date of Request

City, State, Zip