WILSON COUNTY REGISTER OF DEEDS
P.O. BOX 1728 WILSON, NC 27893
101 N GOLDSBORO STREET WILSON, NC 27894

Lisa J. Stith -Register

There is a $10.00 fee each certified copies issued. Photo copies are .10 cents No personal checks will be accepted. Cash or money order. Mail request require photo copy of Drivers License.

_____ **Certified Copies**

_____**Total Amount Enclosed cash or money order**

FILL IN INFORMATION BELOW CONCERNING PERSON WHOSE CERTIFICATE IS BEING REQUESTED

BIRTH CERTIFICATE BOOK PAGE

FULL NAME AT BIRTH _____

DATE OF BIRTH _____

FATHER'S NAME _____

MOTHER'S FULL MAIDEN NAME: _____

DEATH CERTIFICATE BOOK PAGE

FULL NAME OF DECEASED _____

DATE OF DEATH _____

MARRIAGE LICENSE BOOK PAGE

FULL NAME _____

FULL NAME _____

DATE OF MARRIAGE _____

The person requesting this certificate is (Circle one) **OFFICE USE ONLY**

- ☐ Myself
- ☐ My Spouse
- ☐ My Brother
- ☐ My Sister
- ☐ My Child / Step Child
- ☐ My Parent / Step Parent
- ☐ My Grandchild / Grandparent
- ☐ I am seeking information for legal determination of personal or property rights.
- ☐ I am an authorized agent, attorney, or legal representative of the person listed above. (Proof Required)
- ☐ Other_____

_____

I hereby certify that all the above information given is trust to the best of my knowledge and belief.

WARNING MAKING A FALSE APLLICATION FOR A VITAL RECORD IS A FELONY UNDER STATE AND FEDERAL LAW. (NCGS 130A-93; 130-A99)

Applicant's Signature:_____ **Date of Request:**_____

Address:_____ **Phone#** _____

City / State:_____

ID. / Drivers License: _____

Other: _____

DEPUTY INITIALS:

_____ **PREPAID** _____ **REQUEST MAILED**___