

**WE ACCEPT:**  
 Cash  
 Debit / Credit Cards  
 Money orders  
 Business Checks (only)

**DONNA HICKS SPENCER**  
**Catawba County Register of Deeds**  
 100 Government Dr., Dept. C— Newton, NC 28658

**Complete Appropriate Number: (Print or Type)**

<b>#1</b>	<b>DEATH</b>	Office Use Only	Book/Page _____
Name of Deceased: _____ <small>AT TIME OF DEATH</small> <b>LAST</b>			
FIRST _____		MIDDLE _____	
Date of Death: _____		Date of Birth: _____	
		#	Certified (\$10)
		#	Uncertified (\$1)
Location of Death (City/County): _____			

<b>#2</b>	<b>DEATH</b>	Office Use Only	Book/Page _____
Name of Deceased: _____ <small>AT TIME OF DEATH</small> <b>LAST</b>			
FIRST _____		MIDDLE _____	
Date of Death: _____		Date of Birth: _____	
		#	Certified (\$10)
		#	Uncertified (\$1)
Location of Death (City/County) _____			

<b>#3</b>	<b>DEATH</b>	Office Use Only	Book/Page _____
Name of Deceased: _____ <small>AT TIME OF DEATH</small> <b>LAST</b>			
FIRST _____		MIDDLE _____	
Date of Death: _____		Date of Birth: _____	
		#	Certified (\$10)
		#	Uncertified (\$1)
Location of Death (City/County) _____			

<b>REQUIRE</b>	<i>The person named on the certificate is..... (CHECK ONE)</i>		<i>(Proof may be Required)</i>	
	<input type="checkbox"/> My Spouse	<input type="checkbox"/> My Parent/Step-Parent	<input type="checkbox"/> <b>CHECK IF ARE EXPECTING A REVISED</b>	
	<input type="checkbox"/> My Child/Step-Child	<input type="checkbox"/> My Grandparent/Grandchild	<b>OR CORRECTED CERTIFICATE</b>	
	<input type="checkbox"/> My Brother/Sister (half/step)	<input type="checkbox"/> I'm seeking information for legal determination of personal or property rights		
	<input type="checkbox"/> I'm authorized agent, attorney or legal representative of the person listed in 1-3			
	<input type="checkbox"/> A funeral director or funeral service licensee entitled a certified Death Certificate only - LIC. # _____			
	<b>130A-93(C)(c1) Name of Funeral Home</b>			
	<b>I certify that all the above information that I have provided is true to the best of my knowledge. I further understand there is NO REFUND due to my own error or by failing to inform this office of expected changes or corrections. Note: It is a felony violation of North Carolina Law (NCGS 130A-26Aa) to make a false statement on this application or to unlawfully obtain a certified copy of a vital record.</b>			
	Signature of Person Requesting Certificate _____		Printed Name of Person Requesting Certificate _____	Date _____
	Address _____		City, State and Zip Code _____	Telephone Number _____

<b>OFFICE USE ONLY</b>	_____ <input type="checkbox"/> copy on back <input type="checkbox"/> Birth Abstract \$ _____ <input type="checkbox"/> cash <input type="checkbox"/> debit/credit/MO <input type="checkbox"/> Bus. check # _____		
	ID Information	Issued	AMOUNT PAID
	REVISSED: 07/01/2019		
	INITIALS _____		