

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)

**#1**

*Office Use Only* Book/Page \_\_\_\_\_

Name at Birth: \_\_\_\_\_  
LAST \_\_\_\_\_  
FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Hospital or City/County)

Father / Parent's Full Name: \_\_\_\_\_ # Certified (\$10)  
(include MAIDEN name if applicable) is required # Uncertified (\$1)

Mother / Parent's Full Name: \_\_\_\_\_

**BIRTH** **ARE YOU ADOPTED?**

**#2**

*Office Use Only* Book/Page \_\_\_\_\_

Name of Deceased: \_\_\_\_\_  
(AT TIME OF DEATH) Last \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ # Certified (\$10)  
# Uncertified (\$1)

Location of Death (City/County): \_\_\_\_\_

**DEATH**

**#3**

*Office Use Only* Book/Page \_\_\_\_\_

Full Name of Groom / Spouse 1: \_\_\_\_\_  
(include MAIDEN name if applicable) LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Full Name of Bride / Spouse 2: \_\_\_\_\_  
LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ # Certified (\$10)  
# Uncertified (\$1)

Where Marriage App applied for (City/County): \_\_\_\_\_

**MARRIAGE**

**REQUIRE**

The person on the certificate is..... (CHECK ONE) (Proof may be Required)

Myself  My Parent/Step-Parent  CHECK IF ARE EXPECTING A REVISED OR CORRECTED CERTIFICATE

My Spouse  My Grandparent/Grandchild

My Child/Step-Child  I'm seeking information for legal determination of personal or property rights

My Brother/Sister (half/step)  I'm authorized agent, attorney or legal representative of the person listed in 1-3

A funeral director or funeral service licensee entitled a certified Death Certificate only - LIC. # \_\_\_\_\_

130A-93(C)(c1) Name of Funeral Home \_\_\_\_\_

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.

Signature of Person Requesting Certificate \_\_\_\_\_ Printed Name of Person Requesting Certificate \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_\_  copy on back  Birth Abstract \$ \_\_\_\_\_  cash  debit/credit /MO  Bus. check #

ID Information Issued AMOUNT PAID

REVISED: 07/01/2019 INTITALS