

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 _____

DEATH

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): _____

#2

Office Use Only Book/Page _____

DEATH

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): _____

#3

Office Use Only Book/Page _____

DEATH

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): _____

REQUIRE

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

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

My Child/Step-Child My Grandparent/Grandchild

My Brother/Sister (half/step) I'm seeking information for legal determination of personal or property rights

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 INTIALS

REVISED: 07/01/2019