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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: _____	
	BIRTH	LAST _____ FIRST _____ MIDDLE _____ Place of Birth _____ Date of Birth: _____ (Hospital or City/County)
	<input type="checkbox"/> ARE YOU ADOPTED? <input type="checkbox"/> Certified (\$10) <input type="checkbox"/> Uncertified (\$1)	
Father / Parent's Full Name: _____ <small>(include MAIDEN name if applicable) is required</small>		<input type="checkbox"/> # <input type="checkbox"/> #
Mother / Parent's Full Name: _____		

#2	Office Use Only	Book/Page _____
	Name of Deceased: _____	
	DEATH	(AT TIME OF DEATH) Last _____ FIRST _____ MIDDLE _____ Date of Death: _____ Date of Birth: _____ Location of Death (City/County): _____
	<input type="checkbox"/> Certified (\$10) <input type="checkbox"/> Uncertified (\$1)	

#3	Office Use Only	Book/Page _____
	Full Name of Groom / Spouse 1: _____	
	MARRIAGE	(include MAIDEN name if applicable) LAST _____ FIRST _____ MIDDLE _____ Full Name of Bride / Spouse 2: _____ LAST _____ FIRST _____ MIDDLE _____ Date of Marriage: _____ Where Marriage App applied for (City/County): _____
	<input type="checkbox"/> Certified (\$10) <input type="checkbox"/> Uncertified (\$1)	

REQUIRE	The person on the certificate is..... (CHECK ONE) <i>(Proof may be Required)</i>	
	<input type="checkbox"/> Myself	<input type="checkbox"/> My Parent/Step-Parent
	<input type="checkbox"/> My Spouse	<input type="checkbox"/> My Grandparent/Grandchild
	<input type="checkbox"/> My Child/Step-Child	<input type="checkbox"/> I'm seeking information for legal determination of personal or property rights
	<input type="checkbox"/> My Brother/Sister (half/step)	<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. # _____	
	130A-93(C)(c1) Name of Funeral Home _____	
	<i>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.</i>	
	Signature of Person Requesting Certificate	Printed Name of Person Requesting Certificate
	Address	City, State and Zip Code

OFFICE USE ONLY	<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 _____