



CATAWBA COUNTY REGISTER OF DEEDS

ANGELA HENSON

100 GOVERNMENT DR., DEPT. C | NEWTON, NC 28658

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

Fee: \$10.00 per certified copy in county (\$24.00 out of county)

DEATH CERTIFICATE

of Copies: _____ Bk. _____ Pg. _____

Full Name of Deceased _____

Date of Death _____ Place of Death _____

Father's Name _____ Mother's Name _____

DEATH CERTIFICATE

of Copies: _____ Bk. _____ Pg. _____

Full Name of Deceased _____

Date of Death _____ Place of Death _____

Father's Name _____ Mother's Name _____

DEATH CERTIFICATE

of Copies: _____ Bk. _____ Pg. _____

Full Name of Deceased _____

Date of Death _____ Place of Death _____

Father's Name _____ Mother's Name _____

RELATION

The person's name listed above is:

<input type="checkbox"/> My own	<input type="checkbox"/> My child
<input type="checkbox"/> My sibling	<input type="checkbox"/> My parent
<input type="checkbox"/> My spouse	<input type="checkbox"/> My grandchild/parent
<input type="checkbox"/> Other: _____	

Requestor's Name _____

Requestor's Phone _____

Requestor's Mailing Address _____

REQUESTOR'S CERTIFICATION & SIGNATURE

I hereby certify that all of the above information given is true to the best of my knowledge and belief, in accordance with NCGS 130A-93 and 130A-99. Note: it is a felony violation of North Carolina law (NCGS 130A-26) to make a false statement on this application or to unlawfully obtain a certified copy of a vital record.

cash _____ card _____

Requestor's Signature _____

Date _____