



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

BIRTH CERTIFICATE

of Copies: _____ Bk. _____ Pg. _____

Child's Name at Birth _____

Date of Birth _____

Father's Name _____

Mother's Full Maiden Name _____

DEATH CERTIFICATE

of Copies: _____ Bk. _____ Pg. _____

Full Name of Deceased _____

Date of Death _____ Place of Death _____

MARRIAGE CERTIFICATE

of Copies: _____ Bk. _____ Pg. _____

Name of Applicant 1 _____

Name of Applicant 2 _____

Date of Marriage _____

RELATION

The person's name listed above is:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> My own | <input type="checkbox"/> My child/stepchild |
| <input type="checkbox"/> My sibling | <input type="checkbox"/> My parent/step parent |
| <input type="checkbox"/> My spouse | <input type="checkbox"/> My grandchild/parent |

Other: _____

I am seeking information for legal determination of personal or property rights.

I am an authorized agent, attorney, or legal representative of the person listed above.

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