



DONNA HICKS SPENCER

Catawba County Register of Deeds

100 Government Dr. Dept. C Newton, NC 28658
828-465-1573 www.catawbacountync.gov/rod

Certified Copies are \$10/each
Uncertified Copies are \$1/each
Cash, Debit/Credit
or money order

Complete Appropriate Number(s): (Print or Type)

#1 **BIRTH CERTIFICATE**

Office Use Only Book/Page _____

Full Name at Birth: _____ Certified #copies _____
First Middle Last

Place of Birth: _____ Date of Birth: _____ Uncertified #copies _____
(Hospital or City/County)

Father / Parent's Full Name: _____
(include MAIDEN name if applicable) is required

Mother's / Parent's Full Name: _____

IF ADOPTED ????????

STOP

RECORD IS NOT HERE

#2 **BIRTH CERTIFICATE**

Office Use Only Book/Page _____

Full Name at Birth: _____ Certified #copies _____
First Middle Last

Place of Birth: _____ Date of Birth: _____ Uncertified #copies _____
(Hospital or City/County)

Father / Parent's Full Name: _____
(include MAIDEN name if applicable) is required

Mother / Parent's Full Name: _____

#3 **BIRTH CERTIFICATE**

Office Use Only Book/Page _____

Full Name at Birth: _____ Certified #copies _____
First Middle Last

Place of Birth: _____ Date of Birth: _____ Uncertified #copies _____

Father / Parent's Full Name: _____
(include MAIDEN name if applicable) is required

Mother / Parent's Full Name: _____

REQUIRED

Your Relationship to the Person Whose Certificate is Requested: (Check One)

Self Parent/Step-Parent **CHECK IF YOU ARE EXPECTING A REVISED**
 Spouse Grandparent/Grandchild **OR CORRECTED CERTIFICATE**
 Brother/Sister Seeking information for legal determination of personal or property rights
 Child/Step-Child Authorized agent, attorney or legal representative of the person listed in 1-3

(Proof may be Required on any of the ABOVE)

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 \$ _____ cash debit/credit check # _____

ID Information _____ AMOUNT PAID _____ INTITALS _____