



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

**#1** DEATH CERTIFICATE

Office Use Only Book/Page \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_  
 First Middle (and MAIDEN name if applicable) Last

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Certified #copies \_\_\_\_\_  
 Uncertified #copies \_\_\_\_\_

Location of Death (Facility & City): \_\_\_\_\_

**#2** DEATH CERTIFICATE

Office Use Only Book/Page \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_  
 First Middle (and MAIDEN name if applicable) Last

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Certified #copies \_\_\_\_\_  
 Uncertified #copies \_\_\_\_\_

Location of Death (Facility & City): \_\_\_\_\_

**#3** DEATH CERTIFICATE

Office Use Only Book/Page \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_  
 First Middle (and MAIDEN name if applicable) Last

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Certified #copies \_\_\_\_\_  
 Uncertified #copies \_\_\_\_\_

Location of Death (Facility & City): \_\_\_\_\_

**#4** DEATH CERTIFICATE

Office Use Only Book/Page \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_  
 First Middle (and MAIDEN name if applicable) Last

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Certified #copies \_\_\_\_\_  
 Uncertified #copies \_\_\_\_\_

Location of Death (Facility & City): \_\_\_\_\_

**REQUIRED**

*Your Relationship to the Person Whose Certificate is Requested (Check One)* NCGS:130A-93

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

Child/Step-Child  Brother/Sister  Grandparent/Grandchild

Seeking information for legal determination of personal or property rights

Authorized agent, attorney or legal representative of the person listed in 1-4

A funeral director or funeral service licensee entitled a certified DC—Name of Funeral Home \_\_\_\_\_  
 NCGS: 130A-93(c1) (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-26A) 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 \_\_\_\_\_