



DONNA HICKS SPENCER
Catawba County Register of Deeds

PO Box 65 Newton, NC 28658
828-465-1573 www.catawbacountync.gov/rod

Certified Copies are \$10/each
Uncertified Copies are \$1.00/each
Cash, Debit/Credit or money order

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
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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)
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