



**DONNA HICKS SPENCER**  
**Catawba County Register of Deeds—Statewide Certificates**  
 100 Government Dr. Dept. C Newton, NC 28658  
 828-465-1573 [www.catawbacountync.gov/rod](http://www.catawbacountync.gov/rod)

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

**The state charges an ADDITIONAL \$14.00 for search fee and is non-refundable, a TOTAL of \$24.00**

Office Use Only
Request# \_\_\_\_\_
Book/Page \_\_\_\_\_
Certificate # \_\_\_\_\_

**Full Name at Birth:** \_\_\_\_\_  
First Middle Last

**Place of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Hospital or City/County)

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

**Mother's / Parent's Full Name:** \_\_\_\_\_

Certified #copies \_\_\_\_\_

Uncertified #copies \_\_\_\_\_

**IF ADOPTED ????????**

**STOP**

RECORD IS NOT HERE

Office Use Only
Request# \_\_\_\_\_
Book/Page \_\_\_\_\_
Certificate # \_\_\_\_\_

**Full Name at Birth:** \_\_\_\_\_  
First Middle Last

**Place of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Hospital or City/County)

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

**Mother / Parent's Full Name:** \_\_\_\_\_

Certified #copies \_\_\_\_\_

Uncertified #copies \_\_\_\_\_

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First Middle Last

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

**Mother / Parent's Full Name:** \_\_\_\_\_

Certified #copies \_\_\_\_\_

Uncertified #copies \_\_\_\_\_

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

Self

Spouse

Brother/Sister

Child/Step-Child

Parent/Step-Parent

Grandparent/Grandchild

Seeking information for legal determination of personal or property rights

Authorized agent, attorney or legal representative of the person listed in 1-3

**CHECK IF YOU ARE EXPECTING A REVISED**

**OR CORRECTED CERTIFICATE**

(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 # \_\_\_\_\_

AMOUNT PAID

ID Information
INTITALS