

WE ACCEPT:
Cash
Debit / Credit Cards
Money orders
Business Checks (only)

ANGELA HENSON
Catawba County Register of Deeds
100 Government Dr., Dept. C— Newton, NC 28658
Complete Appropriate Number: (Print or Type)

Office Use Only

Book/Page _____

Name at Birth: _____

LAST

FIRST _____

MIDDLE _____

Place of Birth _____

(Hospital or City/County)

Date of Birth: _____

ARE
YOU
ADOPTED?

Father / Parent's Full Name: _____

(include MAIDEN name if applicable) is required

Mother / Parent's Full Name: _____

Certified (\$10)

Uncertified (\$0.50)

Office Use Only

Book/Page _____

Name at Birth: _____

LAST

FIRST _____

MIDDLE _____

Place of Birth _____

(Hospital or City/County)

Date of Birth: _____

Father / Parent's Full Name: _____

(include MAIDEN name if applicable) is required

Mother / Parent's Full Name: _____

Certified (\$10)

Uncertified (\$0.50)

Office Use Only

Book/Page _____

Name at Birth: _____

LAST

FIRST _____

MIDDLE _____

Place of Birth _____

(Hospital or City/County)

Date of Birth: _____

Father / Parent's Full Name: _____

(include MAIDEN name if applicable) is required

Mother / Parent's Full Name: _____

Certified (\$10)

Uncertified (\$0.50)

The person named on the certificate is..... (CHECK ONE)

(Proof may be Required)

☐ Myself

☐ My Parent/Step-Parent

☐ CHECK IF ARE EXPECTING A REVISED

☐ My Spouse

☐ My Grandparent/Grandchild

OR CORRECTED CERTIFICATE

☐ My Child/Step-Child

☐ I'm seeking information for legal determination of personal or property rights

☐ My Brother/Sister (half/step)

☐ I'm authorized agent, attorney or legal representative of the person listed in 1-3

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

☐ copy on back ☐ Birth Abstract \$ ☐ cash ☐ debit/credit /MO ☐ Bus. check #

ID Information

Issued

AMOUNT PAID

INITIALS

REVISED: 07/01/2019

#1

#2

#3

REQUIRED

OFFICE USE ONLY