

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)**

#1

DEATH

Office Use Only

Book/Page \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

AT TIME OF DEATH

LAST

FIRST \_\_\_\_\_

MIDDLE \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#

Certified (\$10)

#

Uncertified (\$0.50)

Location of Death (City/County): \_\_\_\_\_

#2

DEATH

Office Use Only

Book/Page \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

AT TIME OF DEATH

LAST

FIRST \_\_\_\_\_

MIDDLE \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#

Certified (\$10)

#

Uncertified (\$0.50)

Location of Death (City/County) \_\_\_\_\_

#3

DEATH

Office Use Only

Book/Page \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

AT TIME OF DEATH

LAST

FIRST \_\_\_\_\_

MIDDLE \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#

Certified (\$10)

#

Uncertified (\$0.50)

Location of Death (City/County) \_\_\_\_\_

REQUIRED

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

(Proof may be Required)

☐ My Spouse

☐ My Parent/Step-Parent

☐ CHECK IF ARE EXPECTING A REVISED

☐ My Child/Step-Child

☐ My Grandparent/Grandchild

OR CORRECTED CERTIFICATE

☐ My Brother/Sister (half/step)

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

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

☐ A funeral director or funeral service licensee entitled a certified Death Certificate only - LIC. # \_\_\_\_\_

130A-93(C)(c1) Name of Funeral Home \_\_\_\_\_

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 ☐ Birth Abstract \$ \_\_\_\_\_ ☐ cash ☐ debit/credit /MO ☐ Bus. check #  
ID Information Issued AMOUNT PAID

INITIALS

REVISED: 07/01/2019