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

Office Use Only

ORDER#

ANGELA HENSON

Catawba County Register of Deeds

Certificate #

100 Government Dr., Dept. C— Newton, NC 28658 Complete Appropriate Number: (Print or Type)

Name at Birth: ____ ARE **YOU** MIDDLE ____ **FIRST** ADOPTED? Date of Birth: Place of Birth (Hospital or City/County) Certified (\$24))Father / Parent's Full Name: Uncertified (\$14.50) (include MAIDEN name if applicable) is required Mother / Parent's Full Name: NON-REFUNDABLE ORDER# SFN Certificate # Office Use Only Name at Birth: _____LAST FIRST ____ MIDDLE R Certified (\$24) Place of Birth (Hospital or City/County) Date of Birth: Uncertified (\$14.50) Father / Parent's Full Name: (include MAIDEN name if applicable) is required NON-REFUNDABLE Mother / Parent's Full Name: **FEE** Office Use Only ORDER#_ SFN Certificate # Name at Birth: FIRST **MIDDLE** Place of Birth ______(Hospital or City/County) Date of Birth: Certified (\$24) Uncertified (\$14.50) Father / Parent's Full Name: (include MAIDEN name if applicable) is required **NON-REFUNDABLE** Mother / Parent's Full Name: The person named on the certificate is..... (CHECK ONE) (Proof may be Required) ☐ My Parent/Step-Parent ☐ CHECK IF ARE EXPECTING A REVISED ☐ Myself ☐ 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. Printed Name of Person Requesting Certificate Signature of Person Requesting Certificate Date City, State and Zip Code Address Telephone Number \square copy on back \square Birth Abstract \$ ☐ cash ☐ debit/credit /MO ☐ Bus. check # ICE US AMOUNT PAID **ID** Information Issued **INTITALS** 0