

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

Office Use Only

Book/Page _____

BIRTH

Name at Birth: _____ LAST

FIRST _____ MIDDLE _____

Place of Birth _____ Date of Birth: _____
(Hospital or City/County)

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)

#2

Office Use Only

Book/Page _____

DEATH

Name of Deceased: _____
(AT TIME OF DEATH) Last FIRST MIDDLE

Date of Death: _____ Date of Birth: _____

Location of Death (City/County): _____

Certified (\$10)

Uncertified (\$0.50)

#3

Office Use Only

Book/Page _____

MARRIAGE

Full Name of Groom / Spouse 1: _____
(include MAIDEN name if applicable) LAST FIRST MIDDLE

Full Name of Bride / Spouse 2: _____
LAST FIRST MIDDLE

Date of Marriage: _____

Where Marriage App applied for (City/County): _____

Certified (\$10)

Uncertified (\$0.50)

REQUIRED

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
☐ 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