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

DONNA HICKS SPENCER

Catawba County Register of Deeds 100 Government Dr., Dept. C— Newton, NC 28658

Complete Appropriate Number: (Print or Type)

	Offic		ok/Page			
1 #		Name at Birth:LAST				
		LAST			ARE	
	王	FIRST		MIDDLE	(YOU)	
	IRT	Place of Birth		Date of Birth:	ADOPTED?	
	$\overline{\mathbf{Q}}$	(Hospital or City	y/County)		Certified (\$10)	
	Father / Parent's Full Name:				#	
	(include MAIDEN name if applicable) is required		ed		# Uncertified (\$1)	
	Mother / Parent's Full Name:					
#2	Offic	Office Use Only Book/Page				
		Name at Birth:LAST				
	Ξ	FIRST		MIDDLE	0 (17 1 (040)	
	R	Place of Birth (Hospital or Cit	v/County)	Date of Birth:	# Certified (\$10)	
	M				# Uncertified (\$1)	
	Father / Parent's Full Name: (include MAIDEN name if applicable) is required					
	Mother / Parent's Full Name:					
#3	Offic	ee Use Only Bo	ok/Page			
		Name at Birth:LAST				
	E	FIRST		MIDDLE		
	BR	Place of Birth	y/County)	Date of Birth:	- # Certified (\$10)	
				# Uncortified (\$1)		
	Father / Parent's Full Name: (include MAIDEN name if applicable) is required Mother / Parent's Full Name:					
	Tha	Mother / Parent's Full Name: The person named on the certificate is (CHECK ONE) (Proof may be Required)				
ш Ш		person namea on the certificate is Myself	∴ (CHECK ONE) □ My Parent/Step-Parent			
	1	•	•			
	1	My Spouse	☐ My Grandparent/Grandcl	hild OR <u>CORRI</u>	ECTED CERTIFICATE	
		My Child/Step-Child	☐ I'm seeking information for	legal determination of persor	nal or property rights	
		My Brother/Sister (half/step)	☐ I'm authorized agent, attorr	ney 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.				
C						
	Sign	nature of Person Requesting Certificate	Printed Name	e of Person Requesting Certificate	Date	
ш				()		
	Add	ress	City, State and Zip Code	Telephone Nu	mber	
OFFICE USE O N L Y	□ copy on back □ Birth Abstract \$ □ cash □ debit/credit /MO □ Bus. check #					
	ID I	Information	Issued AMOUNT PA	AID		
			REVISED: 07/01/2019	IN	NTITALS	
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