

WE ACCEPT: **NON-REFUNDABLE**

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)

#1

Office Use Only Request# _____ Book/Page _____ Certificate # _____

Name at Birth: _____
LAST

BIRTH FIRST _____ MIDDLE _____

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

Father / Parent's Full Name: _____
(include MAIDEN name if applicable) is required

Mother / Parent's Full Name: _____

Certified (\$24)
 Uncertified (\$24)

NON-REFUNDABLE FEE

ARE YOU ADOPTED?

#2

Office Use Only Request# _____ Book/Page _____ Certificate # _____

Name at Birth: _____
LAST

BIRTH FIRST _____ MIDDLE _____

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

Father / Parent's Full Name: _____
(include MAIDEN name if applicable) is required

Mother / Parent's Full Name: _____

Certified (\$24)
 Uncertified (\$24)

NON-REFUNDABLE FEE

#3

Office Use Only Request# _____ Book/Page _____ Certificate # _____

Name at Birth: _____
LAST

BIRTH FIRST _____ MIDDLE _____

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

Father / Parent's Full Name: _____
(include MAIDEN name if applicable) is required

Mother / Parent's Full Name: _____

Certified (\$24)
 Uncertified (\$24)

NON-REFUNDABLE FEE

REQUIRE

The person named on the certificate is..... (CHECK ONE) **(Proof may be Required)**

Myself My Parent/Step-Parent **CHECK IF ARE EXPECTING A REVISED OR CORRECTED CERTIFICATE**

My Spouse My Grandparent/Grandchild

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 _____

OFFICE USE ONLY

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

ID Information Issued AMOUNT PAID

INITIALS

REVISED: 07/01/2019