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)

#1 BIRTH

Office Use Only **Book/Page** _____

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 ($1)**

#2 DEATH

Office Use Only **Book/Page** _____

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

Date of Death: _____ **Date of Birth:** _____

Location of Death (City/County):

☐ **Certified ($10)**
☐ **Uncertified ($1)**

#3 MARRIAGE

Office Use Only **Book/Page** _____

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

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

Date of Marriage: _____

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

☐ **Certified ($10)**
☐ **Uncertified ($1)**

REQUIRE

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

☐ Myself
☐ My Spouse
☐ My Child/Step-Child
☐ My Brother/Sister (half/step)
☐ My Parent/Step-Parent
☐ My Grandparent/Grandchild
☐ 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. #_____

☐ ***CHECK IF ARE EXPECTING A REVISED OR CORRECTED CERTIFICATE***

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

REVISED: 07/01/2019 INTITALS