APPLICATION FOR A CERTIFIED COPY OF DEATH CERTIFICATE

WATAUGA COUNTY REGISTER OF DEEDS COURTHOUSE, SUITE 9, ROOM 119 842 WEST KING STREET BOONE, NC 28607 (828) 265-8034

***	*********	****	******	*******	*****	******	*****
PL	EASE PRINT:						
Ful	l Name of Dece	eased:					
			First Nan	1e	Mic	ldle Name	Last Name
Date of Death:			Place of Death:				
	N	Month	Day	Year		City	County
Fat	her's Full Nan	ne					
Mo	ther's Full Nai	me					_
***	****	****	*****	*****	****	****	******
	UR RELATIO			PERSON	WHOSE	CERTIFICATE	IS REQUESTED
	Self		Child/Step-child			Authorized agent, attorney or legal Representative of the person listed	
	Spouse		Parent/Ste	ep-parent		(Proof required)	-
atentical	Brother/Sister		Grandparent/Grand-ch			Seeking Information for Legal Determination of personal or property rights	
NOT STA	ΓE: IT IS A VIO	LATION HIS APP	OF NORT	H CAROLIN	A LAW (o the best of my k G.S. 130A-93) TO MA LY OBTAIN A CERT	KE A FALSE
Sign	ature of Person A	Applying	for Certifica	ate			Date
Add	ress (Street or PC) Box, C	ity, State and	d Zip Code		() elephone Number

A PHOTO COPY OF YOUR PICTURE ID MUST BE SENT WITH THIS REQUEST. THERE IS A \$10.00 FEE FOR EACH CERTIFIED COPY AND .50 FOR EACH UNCERTIFIED COPY. THIS FEE MUST ACCOMPANY REQUEST.