

**DONNA HICKS SPENCER • CATAWBA COUNTY REGISTER OF DEEDS**

PO BOX 65 • NEWTON, NC 28658 • (828) 465-1573

**INTERNET APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD**

There is a \$10.00 FEE FOR EACH CERTIFIED COPY (§161-10A). Please make checks payable to ROD.  
(include license number on check)

<b>BIRTH CERTIFICATE</b>	Full Name At Birth: _____	Number Of Copies: _____
	Date Of Birth: _____ ( MM/DD/YYYY )	Book: _____
	Father's Full Name: _____	Page: _____
	Mother's Full Maiden Name: _____	
<b>DEATH CERTIFICATE</b>	Full Name Of The Deceased: _____	Number Of Copies: _____
	Date Of Death: _____ ( MM/DD/YYYY )	Book: _____
		Page: _____
<b>MARRIAGE CERTIFICATE</b>	Full Name Of The Groom: _____	Number Of Copies: _____
	Full Maiden Name Of The Bride: _____	Book: _____
	Date Of Marriage: _____ ( MM/DD/YYYY )	Page: _____

**REQUIRED INFO** - I hereby certify that all the above information given is true to the best of my knowledge and belief.

**WHAT RELATIONSHIP ARE YOU TO THE PERSON WHO'S CERTIFICATE IS BEING REQUESTED? (§130A-93)**

- Self
- Spouse
- Brother / Sister
- Child / Step Child
- Parent / Step Parent
- Grandchild / Grandparent
- I am seeking information for legal determination of personal or property rights. (Administrator/Executor of Estate – proof required)
- I am an authorized agent, attorney, or legal representative of the person listed above. (Proof required)
- Other \_\_\_\_\_ (Proof required)

**IT IS A FELONY VIOLATION OF NC LAW (§130A-26A) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A VITAL RECORD.**

\_\_\_\_\_  
 Applicant's Signature                      Phone Number                      Date Signed

\_\_\_\_\_  
 Address    City, State, Zip

**OFFICE USE ONLY**

\_\_\_\_\_  copy on back \$ \_\_\_\_\_  cash  debit  check # \_\_\_\_\_

**ID Information**