

# NEW HANOVER COUNTY REGISTER OF DEEDS

VOLUME \_\_\_\_\_

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## APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Name of Deceased (person you're getting certificate for)

Name of  
Deceased

First

Middle

Last

Race

Place of  
Death

City

County

State

Date of  
Death

Month

Day

Year

You are:

A. Requesting death certificate of  
(circle number indicating relationship)

1. My Brother

2. My Sister

3. Child

4. My Child

5. My parent; or

NUMBER OF COPIES

\_\_\_\_\_  
\$10.00 PER COPY

B. Seeking information for legal  
determination of personal or property rights; or

C. Authorized agent, attorney, or legal representative  
of a person listed in A,B, or C, above  
(documentation of authority must be furnished).  
See N.C. General Statutes 130A-93 and 99.

The above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Your Signature

Your Printed Name \_\_\_\_\_

Your Mailing Address \_\_\_\_\_  
\_\_\_\_\_