

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE
(Must be printed and mailed or delivered to the Currituck Register of Deeds Office)

PLEASE PRINT OR TYPE **COST FOR EACH COPY IS: \$10.00**

Mail to: Currituck County Register of Deeds
P.O. Box 71
Currituck, NC 27929

Information regarding copy:

FIRST

MIDDLE

LAST

Name of Deceased: _____

Name of Father: _____

Name of Mother: _____

Place of Death: _____, Currituck Co., North Carolina

Date of Death: _____

MONTH

DAY

YEAR

Applicant is (circle one):

- A.** Requesting copy of death certificate of (circle relationship):
- 1. Spouse
 - 2. Brother
 - 3. Sister
 - 4. Child
 - 5. Parent
- B.** Seeking information for legal determination or personal or property rights.
- C.** Authorized agent, attorney, or legal representation of a person listed in A, B, or C above (documentation of authority must be furnished). **See NC G.S. 130A-93 and -99.**

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

Date

Applicant's Signature

Applicant's typed or printed name and address: _____
