APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

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

Mail to: Currituck County Register of Deeds
153 Courthouse Rd. Ste. 600
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:

A. Requesting copy of Death Certificate of (circle relationship):

1. Spouse
2. Sister
3. Brother
4. Child
5. Parent
6. Stepchild
7. Stepparent
8. Grandchild
9. Grandparent
10. Great Grandchild
11. Great Grandparent

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

C. Authorized agent, attorney or legal representative of a person listed in A, B, or C above (Documentation of authority must be furnished). ***See NC G.S. 130A-93(c) 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:

_____

_____

_____