PLEASE READ CAREFULLY

- Fill out, print and sign the attached application form.

- Submit a photocopy of your government issued picture ID. (See the website for a complete list of acceptable ID’s)

- A check or money order

- A self-addressed stamped envelope
APPLICATION FOR CERTIFIED COPIES OF A DEATH CERTIFICATE
Wayne L. Rash, Caldwell County Register of Deeds
905 West Avenue NW Lenoir NC 28645
(828) 757-1310  www.caldwellrod.org

Certified Copies are $10/each
Uncertified Copies are 25¢/each
Cash, Check, or Money Order accepted

1. Person Named on Death Record
   ____________________________________________  ____________________________________________  ____________________________________________
   First          Middle          Surname (Last)

2. Date of Death
   ____________________________________________  ____________________________________________  ____________________________________________
   Month          Day          Year

3. Mother’s Maiden Name
   ____________________________________________  ____________________________________________
   First          Middle          Maiden Surname

4. Father’s Name
   ____________________________________________  ____________________________________________  ____________________________________________
   First          Middle          Surname (Last)

5. Your relationship to the person whose certificate is requested: (Check One)
   □ Spouse (current)            □ Child            □ Authorized agent, attorney, or legal representative of the person listed in 1-6.
   □ Brother/Sister            □ Parent/Step-Parent
   □ Grandparent
   □ Other (non-family use) ________________

6. The fee for each certified copy is $10.00. Please indicate the number of copies needed. __________

7. Applicant’s Signature ________________
   Daytime Phone # ________________

I hereby certify that the information I have supplied is truthful. Note: it is a felony violation of North Carolina law (G.S. 130A-26) to make a false statement on this application or to unlawfully obtain a certified copy of a death certificate.

8. Name and address of person to receive this Copy: (required by all applicants)
   Name ________________________________
   Street _______________________________
   City, State, Zip Code ______________________