

DEATH CERTIFICATE APPLICATION

MECKLENBURG COUNTY HEALTH DEPARTMENT
VITAL RECORDS
700 EAST STONEWALL STREET, SUITE 320
CHARLOTTE, NORTH CAROLINA 28202
(704) 336-2819

NUMBER OF COPIES NEEDED # _____ CERTIFIED (\$10.00 EACH, WITH RAISED SEALS)
_____ UNCERTIFIED (\$1.00 EACH, WITHOUT SEALS)

Please Print:

FULL NAME AT DEATH: _____
(FIRST) (MIDDLE) (LAST)

DATE OF DEATH: _____
(MONTH) (DATE) (YEAR)

PLACE OF DEATH: _____
(CITY) (STATE)

RACE: _____ REASON CERTIFICATE NEEDED: _____

A. THE PERSON'S NAME ON THE CERTIFICATE IS MY: (CHECK ONE)

SPOUSE ___ BROTHER ___ SISTER ___ CHILD ___ PARENT ___ GRANDPARENT ___
GRANDCHILD ___ GREAT-GRANDPARENT ___ GREAT-GRANDCHILD ___ STEPPARENT ___ STEPCHILD ___

B. ___ I AM SEEKING INFORMATION FOR LEGAL DETERMINATION OF PERSONAL OR PROPERTY RIGHTS; OR

C. ___ I AM AN AUTHORIZED AGENT, ATTORNEY, OR LEGAL REPRESENTATIVE OF A PERSON LISTED IN A OR B ABOVE (DOCUMENTATION OF AUTHORITY MUST BE FURNISHED.)

REFER TO NC GENERAL STATUTE 130A-93 AND -99.

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. 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.

(REQUESTOR'S FULL NAME)

(REQUESTOR'S SIGNATURE)

STREET ADDRESS:

(DATE)

CITY STATE ZIP

PAYMENT WILL BE BY: (CHECK ONE)

_____ CASH _____ CHECK _____ MONEY ORDER

TELEPHONE NUMBER: _____

_____ CREDIT CARD

A PROCESSING FEE OF \$25.00 WILL BE CHARGED FOR ALL RETURNED CHECKS IN ACCORDANCE WITH North Carolina General Statute 25-3-506.

FOR OFFICE USE ONLY

TYPE ID: _____ EXP. DATE: _____ DOB: _____

RECEIVED BY: _____ COMPLETED BY: _____ # ISSUED: _____