MECKLENBURG COUNTY OFFICE OF VITAL RECORDS

DEATH CERTIFICATE APPLICATION

618 N. COLLEGE ST.
CHARLOTTE, NC 28202
TELEPHONE (704) 336-2819 FAX (704) 336-7471

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 ___ STEPCHELD ___

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: ____________________________

CITY ____________________________ STATE ______ ZIP ______

TELEPHONE NUMBER: ____________________________

PAYMENT WILL BE BY: (CHECK ONE)

CASH ______ CHECK ______ MONEY ORDER______

CREDIT CARD ______

DATE: ____________________________

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

ID PRESENTED: ____________________________ EXPIRATION DATE: ____________________________ DATE OF BIRTH: ____________________________

RECEIVED BY: ____________________________ COMPLETED BY: ____________________________ # ISSUED: ____________________________