

**APPLICATION FOR CERTIFIED COPY OF
DEATH CERTIFICATE**
(For a Death occurring in Dare County, NC)

INFORMATION REGARDING CERTIFICATE OF REQUESTED: Please Print or Type

NAME: _____ **RACE:** _____

PLACE OF DEATH: _____

DATE OF DEATH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

TELEPHONE NUMBER: _____

Applicant is (circle one):

- A. Requesting death certificate of (circle number indicating relationship)
 - 1. Spouse
 - 2. Brother
 - 3. Sister
 - 4. Child
 - 5. Parent; or
- B. Seeking information for legal determination of personal or property rights; or
- C. Authorized agent, attorney, or legal representative of a person listed In A, B, or C, above (documentation of authority must be furnished).

See N.C. Gen. Stat., #103A-93 and -99

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

Applicant's Signature

Applicant's Printed or Typed Name

Applicant's Mailing Address (this is the address the certificate(s) are to be sent.

There is a \$10.00 fee for each certified death certificate issued. Please forward this form with payment to Dare County Register of Deeds at P.O. Box 70,(252-475-5970). Manteo, NC 27954. Checks must be made payable to Dare County Register of Deeds.