

**APPLICATION FOR A CERTIFIED COPY OF
DEATH CERTIFICATE**

**WATAUGA COUNTY
REGISTER OF DEEDS
COURTHOUSE, SUITE 9, ROOM 119
842 WEST KING STREET
BOONE, NC 28607
(828) 265-8034**

PLEASE PRINT:

Full Name of Deceased: _____
First Name Middle Name Last Name

Date of Death: _____ **Place of Death:** _____
Month Day Year City County

Father's Full Name _____

Mother's Full Name _____

YOUR RELATIONSHIP TO THE PERSON WHOSE CERTIFICATE IS REQUESTED
(Check appropriate relationship):

- Self Child/Step-child Authorized agent, attorney or legal Representative of the person listed (Proof required)
- Spouse Parent/Step-parent
- Brother/Sister Grandparent/Grand-child Seeking Information for Legal Determination of personal or property rights

I hereby certify that all the above information is true to the best of my knowledge.

NOTE: IT IS A VIOLATION OF NORTH CAROLINA LAW (G.S. 130A-93) TO MAKE A FALSE STATEMENT ON THIS APPLICATION OR TO UNLAWFULLY OBTAIN A CERTIFIED COPY OF A DEATH CERTIFICATE.

Signature of Person Applying for Certificate

Date

Address (Street or PO Box, City, State and Zip Code)

(____) _____
Telephone Number

**A PHOTO COPY OF YOUR PICTURE ID MUST BE SENT WITH THIS REQUEST.
THERE IS A \$10.00 FEE FOR EACH CERTIFIED COPY AND .50 FOR EACH
UNCERTIFIED COPY. THIS FEE MUST ACCOMPANY REQUEST.**