

HARNETT COUNTY REGISTER OF DEEDS
305 W. CORNELIUS HARNETT BLVD., STE 200, LILLINGTON, NC 27546

APPLICATION FOR A CERTIFIED DEATH CERTIFICATE

REGULAR \$10.00	NO. OF COPIES		
NAME AT DEATH	FIRST	MIDDLE	LAST
DATE OF DEATH	MONTH	DAY	YEAR
PLACE OF DEATH	CITY	COUNTY	STATE
PARENT'S FULL NAME AT BIRTH	FIRST	MIDDLE	LAST
PARENT'S FULL NAME AT BIRTH	FIRST	MIDDLE	LAST

A. WHAT IS YOUR RELATIONSHIP TO THIS PERSON? (PLEASE CHECK ONE)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> SPOUSE | <input type="checkbox"/> GRANDPARENT | <input type="checkbox"/> GRANDCHILD |
| <input type="checkbox"/> BROTHER | <input type="checkbox"/> STEP GRANDPARENT | <input type="checkbox"/> STEP GRANDCHILD |
| <input type="checkbox"/> SISTER | <input type="checkbox"/> STEP BROTHER | |
| <input type="checkbox"/> PARENT | <input type="checkbox"/> STEP SISTER | * AUNTS & UNCLES ARE NOT INCLUDED |
| <input type="checkbox"/> SON | <input type="checkbox"/> STEP PARENT | |
| <input type="checkbox"/> DAUGHTER | <input type="checkbox"/> STEP SON | |
| | <input type="checkbox"/> STEP DAUGHTER | |

B. SEEKING INFORMATION FOR LEGAL DETERMINATION OF PERSONAL OR PROPERTY RIGHTS.

C. AUTHORIZED AGENT, ATTORNEY OR LEGAL REPRESENTATIVE OF THE PERSON LISTED IN ITEM A OR ITEM B ABOVE. (DOCUMENTATION OF AUTHORITY MUST BE FURNISHED)

SEE N.C. GENERAL STATUTE PARA. 130A-93 AND 130A-99

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT'S SIGNATURE

IDENTIFICATION – Picture ID or Photo Copy Picture ID if requested by mail

APPLICANT'S ADDRESS

*Mail to the above address: Please include a self-addressed, stamped envelope.

APPLICANT'S PHONE NUMBER

DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

VOLUME: _____ PAGE: _____ DATE: _____ ISSUED BY: _____

CERTIFICATE NUMBER: _____