

L. PAGE PRATT, III, REGISTER OF DEEDS
Mailing Address:
Post Office Box 769
Laurinburg, North Carolina 28353

Physical address (if sending overnight requests):
Register of Deeds
212 Biggs Street, Room 250
Laurinburg, North Carolina 28352

Date: _____

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Name: _____

Address : _____

Phone Number: _____ ID# _____

I AM REQUESTING THE DEATH CERTIFICATE OF:

Name at Birth: _____
(First) (Middle) (Last)

Date of Death: _____ County of Death: _____

Father's Full Name: _____

Mother's Maiden Name (Her Name at Birth): _____

Specific purpose for which this certificate is requested:

The person listed above is my:

1. Child
2. Spouse
3. Brother
4. Sister
5. Parent
6. Grandparent
7. Grandchild
8. Other _____ (state relationship)

Or you are an:

9. Authorized agent, attorney or legal representative of a person listed above
(Documentation of authority must be furnished--see N.C. G.S. §130A-93 and 99).

VITAL RECORDS ARE BY STATUTE CONFIDENTIAL. MAKING A FALSE APPLICATION FOR A VITAL RECORD IS A FELONY UNDER STATE AND FEDERAL LAW.

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

Applicant's signature