

DEATH

Iredell County Register of Deeds
P. O. Box 904
Statesville N.C. 28687

Quantity _____ \$10.00 per copy

NAME OF DECEASED _____

OF COPIES _____

DATE OF DEATH _____

PLACE OF DEATH _____

FATHER'S FULL NAME _____

MOTHER'S FULL NAME _____

G.S.- 130A-93.C

I, the undersigned solemnly swear (or affirm) that all the information contained is true and correct to the best of my knowledge. I am requesting a certified copy of a vital record of the person referred to above and my relationship to that person is the following: CHECK ONE

SPOUSE

BROTHER

SISTER

PARENT

STEP-PARENT

GRANDPARENT

CHILD

STEP-CHILD

GRANDCHILD

ATTORNEY

AUTHORIZED AGENT

LEGAL REPRESENTATIVE

X _____

X _____

SIGNATURE OF APPLICANT

ADDRESS OF APPLICANT _____

DATE _____