DEBRA H. HOLCOMB, REGISTER OF DEEDS
STATE OF NORTH CAROLINA **DATE_____**
COUNTY OF SCOTLAND

DEATH CERTIFICATE OR MARRIAGE LICENSE REQUEST

DEATH CERTIFICATE: Number of Copies requested_____

NAME AT DEATH:_____

DATE OF DEATH:_____

PLACE OF DEATH:_____
(County) (State)
Specific Purpose for which certificate is requested:_____

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MARRIAGE CERTIFICATE: Number of Copies requested_____

FULL NAME OF GROOM:_____

FULL MAIDEN NAME OF BRIDE:_____

DATE OF MARRIAGE:_____

PLACE OF MARRIAGE:_____
(County) (State)

YOUR RELATIONSHIP TO THE PERSON WHOSE CERTIFICATE IS REQUESTED: (CIRCLE ONE)

1. SELF
2. CHILD
3. SPOUSE
4. BROTHER
5. SISTER
6. PARENT
7. OTHER_____(state relationship)
8. AUTHORIZED AGENT, ATTORNEY OR LEGAL REPRESENTATIVE OF A PERSON LISTED ABOVE. (DOCUMENTATION OF AUTHORITY MUST BE FURNISHED) SEE NC GS 130A-93 AND 99.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. WARNING: MAKING A FALSE APPLICATION FOR A VITAL RECORD IS A FELONY UNDER STATE AND FEDERAL LAW.

_____
Applicant's signature

ID:_____ Name: _____
Mailing Address:_____
Phone #:_____