

Davie County Register of Deeds
123 South Main Street
Mocksville, NC 27028

DEATH

For Office Use Only
\$10.00 per certified copy
Book _____ Page _____

NAME AT DEATH: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

The person deceased is my: (please circle one)

MOTHER FATHER DAUGHTER SON BROTHER SISTER SPOUSE

(or) I am: () Seeking information for legal purposes
 () An authorized agent, attorney or legal representative of the above

I solemnly swear or affirm that all of the statements contained in the above request are true and correct. N.C. General Statute #130A-93 and -99.

Signature of Applicant

Printed name of Applicant

Address of Applicant

Date