

# Sampson County Register of Deeds

Vital Records Section  
126A West Elizabeth Street, Clinton, NC 28328  
APPLICATION FOR A COPY OF NORTH CAROLINA

## DEATH CERTIFICATE

Document Fee Per Copy

Certified: \$10.00

Uncertified: \$ .25

PLEASE PRINT

Number of copies:

Certified \_\_\_\_\_

Uncertified \_\_\_\_\_

Full Name on Certificate \_\_\_\_\_

First Name

Middle Name

Last Name

Date of Death:

Month

Day

Year

County of Death:

Sampson

YOUR RELATIONSHIP TO THE PERSON WHOSE CERTIFICATE IS REQUESTED (Circle One):

- |               |  |
|---------------|--|
| 1. My Child   | 5. My Parent   |
| 2. My Brother | 6. My Grandchild   |
| 3. My Sister  | 7. I am an authorized agent, attorney, or legal                    |
| 4. My Spouse  | Representative of the person listed above. <b>(Proof Required)</b> |

**I hereby certify that all the above information given is true to the best of my knowledge.**

**NOTE:** It is a Class I felony violation of North Carolina Law G.S. 130A-26A(b)(1) to make a false statement on this application or to unlawfully obtain a certified copy of a vital record.

### INSTRUCTIONS: Required Information

You will need to enclose a copy of a valid ID. Accepted ID's : State Issued Picture ID, Current Driver's License, Passport or Military ID, along with a self- addressed stamped envelope to ensure the document is returned to the correct address. Mail this application, your photo ID, a self- addressed stamped envelope along with the correct fees to the address listed on top of this application. We will process and return to you.

Applicant Signature \_\_\_\_\_

Applicant Address \_\_\_\_\_

Applicant Phone # \_\_\_\_\_

### NOTE: FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

\$ Amount Received \_\_\_\_\_

Person Processing Request \_\_\_\_\_

Receipt # 20 \_\_\_\_\_

Book \_\_\_\_\_ Page \_\_\_\_\_