

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health

Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

APPLICATION FOR A CERTIFIED COPY OF BIRTH CERTIFICATE OR VERIFICATION

| | |
|---|--|
| NUMBER OF COPIES | CERTIFIED COPY OF BIRTH CERTIFICATE FEE: |
| | \$25.00 per Certificate |
| TYPE OF CERTIFICATE <i>(Please check one type box below)</i> | |
| | Certificate(s) to read as "Mother / Father" |
| | Certificate(s) to read as "Parent / Parent" |
| X | VERIFICATION ONLY <i>(Verifies the existence of a record with the State of Nevada and does not include a certified copy.)</i> |
| | Search/Verification - \$10.00 per search /verification |
| | Paternity Letter - \$10.00 per search /verification |
| MAKE PAYMENT PAYABLE TO: Office of Vital Records. Checks, money orders and credit cards are accepted. Please include the "Authorization for Credit Card Use" form and the card holder's identification if paying by credit card. CASH FOR WALK-IN CUSTOMERS ONLY. | |

A COPY OF THE APPLICANT'S PHOTO IDENTIFICATION AND FULL PAYMENT IS REQUIRED FOR ALL REQUESTS. PROOF OF RELATIONSHIP IS REQUIRED FOR CERTIFICATE REQUESTS.

Person on the Certificate's Information

| | | |
|---|---------------------------------------|--|
| First | Middle | Last |
| Date of Birth | County of Birth | State of Birth |
| Parent 1's First & Last Name | Parent 2's First and Last Name | Last Name Prior to First Marriage |

NRS 440.650 and NAC 440.070 requires the applicant to establish a direct relationship by blood or marriage, a legal relationship or a need to facilitate a legal process to receive a certified copy of a certificate. Below, indicate your relationship or your legal need for this certificate. Please provide proof such as a birth certificate or court order. Unless the applicant is the informant, listed surviving spouse, or a parent listed on the certificate, **the request will be rejected if sufficient proof is not provided.** Visit our website listed below for more information regarding proof required.

| | | | | |
|--|---------------------------|------------------------------|------------|---------------------------------|
| Relationship to Person of Record | Reason for Request | | | |
| Applicant's Printed Name | | Applicant's Signature | | |
| Applicant's Address (Number and Street) | City | State | ZIP | Applicant's Phone Number |

| | |
|------------------------------|-------|
| FOR OFFICE USE ONLY | |
| Receipt/Applicant ID Number: | Date: |

Rev. 10/15/2020



Office of Vital Records and Statistics Attn: Customer Service
4150 Technology Way, Suite 104 • Carson City, Nevada 89706
775-684-4242 • Fax 775-684-4156 • dphh.nv.gov/VitalRecords