



**APPLICATION FOR A CERTIFIED DEATH CERTIFICATE COPY OR VERIFICATION**

Number of Copies	FEE FOR A CERTIFIED DEATH CERTIFICATE COPY BY COUNTY
	\$25.00 per certificate (Carson, Clark, Douglas, Lyon, Mineral and Washoe Co.)
	\$22.00 per certificate (all other counties)
<b>X</b>	<b>TYPE OF CERTIFICATE</b> <i>(Please check one type box below)</i>
	Certificate(s) to read as "Mother / Father"
	Certificate(s) to read as "Parent / Parent"
<b>X</b>	<b>VERIFICATION ONLY</b>
	Verifies the existence of a record with the State of Nevada and does not include a certified copy.
	Search/Verification - \$10.00 per search / verification

**A COPY OF THE APPLICANT'S PHOTO IDENTIFICATION AND FULL PAYMENT IS REQUIRED FOR ALL REQUESTS. PROOF OF RELATIONSHIP IS REQUIRED FOR CERTIFICATE REQUESTS.**  
 Make payment payable to: Office of Vital Records. Checks, money orders and credit cards are accepted. Please include an Authorization for Credit Card Use form if paying by credit card.

**Name of the Person on the Certificate:**

<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Date of Death</b>	<b>County of Death</b>	<b>Social Security Number</b>
<b>Parent's First and Last Name</b>	<b>Parent's First and Last Name</b>	<b>Last Name(s) Prior to First Marriage</b>
<b>Funeral Home / Mortuary in Charge of Arrangements</b>		

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 record. 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 above for more information regarding proof required.

**Name of the Person Requesting the Certificate:**

<b>Relationship and Reason for Request</b>		
<b>Applicant's Printed Name</b>	<b>Applicant's Signature</b>	
<b>Applicant's Address</b>	<b>Applicant's Phone Number</b>	

**FOR OFFICE USE ONLY**

**Receipt number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Rev.11/20/2019)

