

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 DEATH CERTIFICATE OR VERIFICATION

CERTIFIED COPY OF DEATH CERTIFICATE FEE:	
	\$25.00 per certificate (Carson, Clark, Douglas, Lyon, Mineral and Washoe counties) \$22.00 per certificate (All other counties)
# of Copies	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"
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

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.

Name of the Person on the Certificate

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

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 and Reason for Request

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Applicant's Printed Name

Applicant's Signature

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Applicant's Address (Street, City, State & ZIP)

Applicant's Phone Number

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FOR OFFICE USE ONLY

Receipt/Applicant ID Number:

Date:

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Rev. 12/16/2019



Office of Vital Records and Statistics
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