

Joe Lombardo
Governor

Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

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

APPLICATION FOR A CERTIFIED COPY OF DEATH CERTIFICATE

DEATH CERTIFICATE FEES:

\$25 EACH IF THE DEATH OCCURRED IN THE FOLLOWING COUNTIES: CARSON, CLARK, DOUGLAS, LYON, MINERAL OR WASHOE

\$22 EACH IF THE DEATH OCCURRED IN ANY OTHER NEVADA COUNTY

# of Copies	PARENTAL INFORMATION (Please check one type box below)
	Parents' information to be listed on the certificate as "Mother / Father"
	Parents' information to be listed on the certificate as "Parent / Parent"

Please Note: If a record is not found, a non-refundable \$10.00 search fee will be applied.

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. **Please DO NOT mail cash with your application.**

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 Name	Middle Name	Last Name
Date of Death	County of Death	Social Security Number (Last 4 Digits)
Mother/Parent #1 First and Last Name	Father/Parent #2 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.

Applicant's Relationship To Person of Record	Reason for Request		
Applicant's Printed Name	Applicant's Signature		
Applicant's Mailing Address	City	State	ZIP Code
Applicant's Telephone Number	Applicant's Email Address		

FOR OFFICE USE ONLY

Receipt/Applicant ID Number:

Date:

Rev. 05/03/2023

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ALL IN GOOD HEALTH.