

Name of the Person on the Certificate:

## DEPARTMENT OF HEALTH AND HUMAN SERVICES





## AFFIDAVIT FOR A CERTIFIED BIRTH CERTIFICATE FOR HOMELESS PER NRS 440.700 (5a)

## THE APPLICANT MUST PROVIDE PHOTO IDENTIFICATION OR SUFFICIENT VERIFICATION OF IDENTITY IN ORDER TO RECEIVE A CERTIFICATE.

First	Middle	Last
Date of Birth	County of Birth	State of Birth
Parent's First and Last Name	Parent's First and Last Name	Last Name(s) 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 record. Below, indicate your relationship or your legal need for this record. Please provide proof such as a birth certificate or court order, unless the applicant is the person of record 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.		
Relationship and Reason for Request		
I hereby certify and declare under penalty of perjury under the laws of the State of Nevada that as the person requesting this certificate that I am homeless and need a certified copy. In compliance with NRS 440.700 (5a), please provide a certified certificate at no charge.		
Applicant's Signature (If signing in the presence of our office, this document is exempt from the Notary requirement)		
Mailing Address		
NOTARY PUBLIC		
State of		
County of		
Signed and sworn to (or affirmed)		
By (Type or print Affiant's name)	Date)	
(Notary Public Signature)		(Seal) (Rev. 1/29/2020
FOR OFFICE USE ONLY	7	
Receipt Number:	Date	D:

