



**State of Nevada**  
**Division of Public and Behavioral Health**  
**Bureau of Preparedness, Assurance, Inspections and Statistics**  
**Office of Vital Records and Statistics**  
**4150 Technology Way, Suite 104**  
**Carson City, Nevada 89706**  
**Telephone (775) 684-4242**  
<http://dpbh.nv.gov>

**APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE PER NRS 440.700 (4a)**

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

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

<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Date of Birth</b>	<b>County of Birth</b>	<b>State of Birth</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>

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 (4a), 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)**

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**Mailing Address**

**NOTARY PUBLIC**

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to (or affirmed) \_\_\_\_\_  
(Date)

By \_\_\_\_\_  
(Type or print Affiant's name)

\_\_\_\_\_  
(Notary Public Signature)

(Seal)

**FOR OFFICE USE ONLY**

Receipt number: \_\_\_\_\_

Date: \_\_\_\_\_