DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Bureau of Health Protection and Preparedness
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706
Telephone (775) 684-4242 • Fax (775) 684-4156
http://dpbh.nv.gov

APPLICATION FOR A CERTIFIED DEATH CERTIFICATE COPY OR VERIFICATION

Number of Copies	FEE FOR A CERTIFIED DEATH CERTIFICATE COPY
	$20.00 per certificate

X	TYPE OF CERTIFICATE *(Please check one type box below)*
	Certificate(s) to read as "Mother / Father"
	Certificate(s) to read as "Parent / Parent"

X	VERIFICATION ONLY 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:

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 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.

Relationship and Reason for Request

Applicant's Printed Name	Applicant's Signature
Applicant's Address	**Applicant's Phone Number**

FOR OFFICE USE ONLY	
Receipt number: _____	**Date:** _____