STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION—OFFICE OF VITAL RECORDS
4150 Technology Way, Suite 104
Carson City, Nevada 89706
(775) 684-4242 Fax (775) 684-4156

HOW TO FILE A DELAYED CERTIFICATE OF BIRTH

A person for whom a delayed certificate of birth is to be filed must have been born in Nevada, and a birth certificate must not have been previously filed in this state. Before filing a delayed certificate of birth the following **facts** must be established concerning the person whose birth is to be registered. **Date of birth, place of birth and parentage**. An applicant must present at least two documents over five years old from independent sources to prove those facts. If the person whose birth needs to be established is under twelve years of age, the documents can be less than five years old. To be valid, each document must contain the **name of the person,** whose record is being filed, and **one or more of the facts of birth**. Our office must be able to verify the authenticity of documents presented as evidence of birth with the entity that issued them. In addition you need the enclosed **Affidavit to Establish the Facts of Birth** completed by someone that witnessed or is knowledgeable of the birth other than the parents, and the **Information form** so we can create the delayed certificate of birth. The filing fee per N.R.S. 440.700 is $40.00. Additional copies are $20.00 each.

Before you remit your documents, please verify that you enclosed the following:

- **Two documents that establish the facts of birth.**
- **Affidavit to Establish the Facts of Birth.**
- **Information form.**
- **$40.00 filing fee.**

If you have any further questions, please feel free to contact me at (775) 684-4160.

Thank you

Irma Gomez

(Rev.04/08/2013)

The following is a list of acceptable documents:

Social Security Record: A copy of applicant's original application for Social Security account number may be obtained by writing to the Social Security Administration, Chandler Building, and Baltimore, Maryland.

United States Passport: Original passport which will be returned.

Federal Census Record: A copy may be obtained by application to the Bureau of the Census.

Baptismal Record (or other church records): To obtain certified church records, write to your church in the area in which you were baptized. Records are only acceptable if verifiable with the church from which it was issued.

Bible Record: If photo static copy is submitted (rather than the original) please have a notary attest the copy.

Hospital Record: Any hospital record establishing the facts of birth. The record must be signed and dated by a hospital official.

Physician or Midwife record: Medical record of doctor or midwife attending the birth.

School Record: Any school record that establishes the facts of birth.

Military Record: Army, Navy, Coast Guard, Air Force, Marine Corps and DD-214 records are acceptable if the meet the requirements.

Birth certificate of applicant's child: Only if the child is over ten years of age at the time of application.

AFFIDAVIT TO ESTABLISH FACTS OF BIRTH

Full name of applicant:

First: _____ **Middle:** _____ **Last:** _____

Date of birth: _____   **Place of birth:** _____
                                                (City or County)

Sex: _____ **Race:** _____

Father's full name: _____
Father's state of birth: _____

Mother's full name: _____
Mother's maiden name: _____
Mother's state of birth: _____

Name of Witness: _____
Address: _____
Relationship: _____
Telephone number: _____

Explain why or how you have knowledge of this birth: _____
_____
_____
_____
_____

I hereby certify that I have knowledge of the above facts and that the information is true and correct.

Signature _____
State of _____
County of _____

Signed and sworn to (or affirmed) before me on _____ **by**
                                                          (Date)

_____
        (Affiant's name)

_____
        (Notary signature)

                                        (Notary seal)

INFORMATION FORM

Full name at birth:

_____   _____   _____
    (First name)   (Middle name)   (Last name)

Date of birth: _____

Color or race: _____

Sex: _____

Birthplace: _____ _____ _____
             (City or town)   (County)   (State)

Father's full name:

_____   _____   _____
    (First name)   (Middle name)   (Last name)

Father's place of birth: _____
                                (State or Country)

Father's date of birth: _____

Mother's full name:

_____   _____   _____
    (First name)   (Middle name)   (Maiden name)

Mother's place of birth: _____
                                (State or Country)

Mother's date of birth: _____