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
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: __________________________________________________

(Rev.04/08/2013)