
***To Create (File) a Delayed Certificate of Birth
with the State of Nevada, Office of Vital Records
per Nevada Revised Statute 440.620 and
Nevada Administrative Code 440.300-360***

- ✓ This Packet is to aid in the process of filing for a Delayed Certificate of Birth.
- ✓ The requirements and process to file a Delayed Certificate of Birth are as follows:

What is a Delayed Birth Certificate?

- ✓ A certificate of a person's birth that is filed more than one (1) year after the person of record's date of birth; and has not been previously filed in this state, any other state or country.

Who May Apply for a Delayed Certificate of Birth?

- ✓ The person of record. Any person born in Nevada whose birth was not registered within 1 (one) year after the date of birth; and is 18 years of age or older; or
- ✓ The parent, or guardian of the person of record, if under the age of 18 years old.

First Step - Is to obtain a verification from the State or Local Registrar that a current registered birth record does not exist within the State of Nevada.

Next, Submit Application AND Three (3) Facts Need to be Established (Proven) to In Order to File:

- ✓ Date of birth; and
- ✓ Birthplace; and
- ✓ Parentage.

Documentary Evidence: At Least 2 Documents from Independent Sources to Prove each of the Facts Listed Above are Required: (One document may be used to prove any, or all of those facts.)

*Per NAC 440.330, documents that ***may*** verify date, place of birth and/or parentage of the person whose record is being registered are as follows, in order of preference, but not limited to:

1. A hospital record of birth.
2. A physician's record of birth.
3. An affidavit to establish facts of birth.
4. A Nevada utility bill showing residency at the time of birth that also shows a parent's name.
5. A United States Census record.
6. A Social Security numident record.
7. A full page newspaper notice of birth showing the name and date of birth.
8. A certificate of baptism or confirmation, a cradle roll or other church record.

9. An entrance record from a school.
10. An insurance policy or a copy of a signed application for an insurance policy.
11. A certificate of discharge from the Armed Forces. (DD-214)
12. A record in a family bible if the information was recorded before the applicant's first birthday.
13. A driver's license.
14. A marriage record.
15. A record of a voter's registration.
16. An employment record.
17. A birth certificate of the applicant's child.
18. A record from an organization of which the applicant is or was a member.
19. Any other relevant document.

The Following are Guidelines for all Documents Provided:

- ✓ Any documents must be at least five (5) years old to be considered as evidence, unless the person whose birth is involved is less than twelve (12) years of age; and
- ✓ Any document must be an original copy, a verifiable copy or notarized copy in a sealed envelope; and
- ✓ Documents presented must contain the name of the person whose record is being filed, and one or more of the birth facts; and
- ✓ Documents that show erasures or alterations will not be accepted.

When any Affidavit is Submitted:

- ✓ The affidavits enclosed in this packet are not mandatory. The "Affidavit to Establish Birth Facts" is for any person present at or immediately after the birth of the child. The "Witness Affidavit" is for any individual attesting to information relevant to the file.
- ✓ Must be completed in its entirety by a person who witnessed the birth. The affiant must state why he / she knows and remembers the date. The relationship of the affiant to the applicant must be stated in the affidavit; and
- ✓ This document must be notarized.
- ✓ This is a legal document. Please type or print clearly in blue or black in only. Illegible completion of the form will be returned.
- ✓ Any white outs, cross outs or write overs will not be accepted.
- ✓ The person should be at least 18 years of age or has a judicial order for emancipation.

Fees:

- ✓ Filing a Delayed Certificate of Birth with the State Registrar (including one certified copy of the certificate): \$40.00
- ✓ Verification/ Search: \$10.00 per search / verification
- ✓ Additional certified copies of a birth certificate: \$20.00 EACH.

How to Apply:

In person – or – by mail:

- Division of Public and Behavioral Health
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706

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 COPY OR VERIFICATION

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

<input checked="" type="checkbox"/>	TYPE OF CERTIFICATE <i>(Please check one type box below)</i>
	Certificate(s) to read as "Mother / Father"
	Certificate(s) to read as "Parent / Parent"

<input checked="" type="checkbox"/>	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

<input checked="" type="checkbox"/>	LETTER OF PATERNITY ONLY Only available to the parent(s) listed on the birth certificate or a federal, state or county agency.
	Letter of Paternity - \$10.00 per search / letter

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 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 certificate. 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 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

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

FOR OFFICE USE ONLY

Receipt number: _____ Date: _____

STATE OF NEVADA



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health
 Preparedness, Assurance, Inspections and Statistics
 Office of Vital Records and Statistics
 4150 Technology Way, Suite 104
 Carson City, Nevada 89706
 Telephone: (775) 684-4242 · Fax: (775) 684-4156

APPLICATION FOR HOME BIRTH OR DELAYED CERTIFICATE OF BIRTH

CHILD NAME	1a. FIRST NAME	1b. MIDDLE NAME		1c. LAST NAME
	2. DATE OF BIRTH	3. TIME OF BIRTH	4. SEX	5. PLACE OF BIRTH (COUNTY)
LOCATION OF BIRTH	6a. HOSPITAL/FACILITY NAME		6b. PLACE OF BIRTH LOCATION (Address, City, State, & Zip Code)	

PARENT(S)	7a. PARENT / MOTHER FIRST NAME	7b. MIDDLE NAME	7c. LAST NAME	
	7d. LAST NAME PRIOR TO FIRST MARRIAGE (MAIDEN)			
	8. PLACE OF BIRTH (State or Country)	9. DATE OF BIRTH	10. PARENT / MOTHER ADDRESS (Street, City, State & Zip Code)	
	11a. PARENT / FATHER FIRST NAME	11b. MIDDLE NAME	11c. LAST NAME	
	12. PLACE OF BIRTH (State or Country)	13. DATE OF BIRTH	14. PARENT / FATHER ADDRESS (Street, City, State & Zip Code)	

APPLICANT	15a. FIRST NAME	15b. MIDDLE NAME	15c. LAST NAME	16. DATE OF BIRTH
	17. CONTACT PHONE NUMBER	18. APPLICANT ADDRESS (Street, City, State & Zip Code)		

I, _____, hereby attest that, _____, was
APPLICANT NAME AND RELATIONSHIP CHILD'S NAME

born in the State of Nevada on _____. I do not know of or believe that a birth record
CHILD'S DATE OF BIRTH

has been issued in Nevada, another state or another country for this child. I do hereby attest that this information is true, accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

 (Signature of Applicant)

 (Date)



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AFFIDAVIT TO ESTABLISH BIRTH FACTS

CHILD'S FACTS OF BIRTH	1a. FIRST NAME		1b. MIDDLE NAME	1c. LAST NAME	
	2. SEX	3. DATE OF BIRTH		4. PLACE OF BIRTH (City, County, and State)	
PARENTAGE	5a. PARENT / MOTHER FIRST NAME		5b. MIDDLE NAME	5c. LAST NAME	5d. LAST NAME PRIOR TO FIRST MARRIAGE
	6. DATE OF BIRTH		7. PLACE OF BIRTH (State or Country)		
	8a. PARENT / FATHER FIRST NAME		8b. MIDDLE NAME	8c. LAST NAME	
	9. DATE OF BIRTH		10. PLACE OF BIRTH (State or Country)		

I, _____, certify and declare under penalty of perjury under the laws of the State of Nevada, that
 (Print Full Legal Name)
 all the information on this affidavit are true and accurate to the best of my knowledge.

Please state your relationship to the child and explain why you know and remember the date:

Signature: _____
 (Sign in the Presence of a Notary)

State of _____,
 County of _____,
 Signed and sworn (or affirmed) before me on this _____ day of _____, 20_____,
 by _____
 (Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: _____
 My Commission Expires: _____

WITNESS my hand and official seal.

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WITNESS AFFIDAVIT

Print Full Legal Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Phone Number: _____

Table with 2 columns: Name of Person of Record, Relationship to Person of Record

WITNESS STATEMENT

I, _____, certify and declare under penalty of perjury under the laws of the State of Nevada, that all the information on this affidavit are true and accurate (write your statement on the lines provided below).

Multiple horizontal lines for writing the statement.

Signature: _____
(Sign in the Presence of a Notary)

State of _____,
County of _____,
Signed and sworn (or affirmed) before me on this _____ day of _____, 20_____,
by _____
(Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: _____
My Commission Expires: _____

WITNESS my hand and official seal.

(Signature of Notary Public)