

Application for a Certified Birth Certificate for a Homeless Person (Per NRS 440.700 5a)

The applicant must provide photo identification or sufficient verification of Identity in order to receive a Certificate.

Name of Person on the Certificate

First Name	Middle Name	Last Name
Date of Birth	County of Birth	State of Birth
Mother /Parent 1's First & Last Name	Father/Parent 2's First & Last Name	Mother/Parent #1's 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 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. <u>The request will be rejected if sufficient</u> **proof is not provided**. Visit our website listed below for more information regarding proof required.

I hereby certify and declare under penalty of perjury under the laws of the State of Nevada that as the person requesting this certificate, I am aware the person listed on the certificate is a homeless child or youth/unaccompanied youth and they need a certified copy. In compliance with NRS 440.700 (9a - c), please provide a certified certificate at no charge.

Relationship to Decedent	Reason for Request				
Applicant's First Name (print)		Appli	cant's Last Name (print)		
Applicant's Signature					
Mailing Address (Street Address))		City	State	ZIP

 FOR OFFICE USE ONLY

 Receipt Number:
 Date:

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ALL IN GOOD HEALTH.