



APPLICATION FOR A CERTIFIED LETTER OF PATERNITY

Certified Paternity Letter Fee: \$10 each

This is a certified letter with the following information: child's name, date of birth, place of birth. The name of the mother and father or parents, when they signed the declaration, and when it was filed in our office.

Number of Copies	CERTIFIED PATERNITY LETTER
	Parents' information to be listed on the certificate as "Mother / Father"
	Parents' information to be listed on the certificate as "Parent / Parent"

Please Note: If a father or parent has yet to be added to the certificate, a Declaration of Paternity/ Parentage must be completed.

To complete the Declaration of Paternity/Parentage, schedule an appointment with the NV Office of Vital Records (No. Nevada), Washoe County Health District (Washoe) or Southern Nevada Health District (Clark).

MAKE PAYMENT PAYABLE TO: Office of Vital Records. Checks, money orders and credit cards are accepted. Please include the "Authorization for Credit Card Use" form and the card holder's identification if paying by credit card. **Please DO NOT mail cash with your application.**

A COPY OF THE APPLICANT'S PHOTO IDENTIFICATION AND FULL PAYMENT IS REQUIRED FOR ALL REQUESTS. PROOF OF RELATIONSHIP IS REQUIRED FOR CERTIFICATE REQUESTS

Name of the Person on the Certificate

First	Middle	Last
Date of Birth	County of Birth	State of Birth NEVADA ONLY
Mother/Parent #1 First and Last Name	Father/Parent #2 First and Last Name	Last Name(s) Prior to First Marriage

NRS 440.650 and NAC 440.070 require 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 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 below for more information regarding proof required.

Applicant's Relationship To Person of Record	Reason for Request		
Applicant's Printed Name	Applicant's Signature		
Applicant's Mailing Address	City	State	Zip Code
Applicant's Telephone Number	Applicant's Email Address		

FOR OFFICE USE ONLY

Applicant ID Number:

Date:

ALL IN GOOD HEALTH.