

Joe Lombardo
Governor



Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

APPLICATION FOR A BIRTH OR DEATH RECORD VERIFICATION

Verification Fee: \$10 each

THE STATE OF NEVADA ONLY HAS RECORDS OF BIRTHS OR DEATHS THAT OCCURRED IN NEVADA
IF THE BIRTH OR DEATH OCCURRED IN A STATE OTHER THAN NEVADA, PLEASE CONTACT THE STATE'S VITAL RECORDS

Number of Copies	TYPE OF VERIFICATION
	Birth Verification
	Death Verification

Please Note: If a record is not found, the verification fee will be applied

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.**

Name of the Person on the Certificate (Birth or Death)

First Name	Middle Name	Last Name
Date of Birth/Date of Death	County of Birth/County of Death	State of Birth/State of Death NEVADA ONLY
Mother/Parent #1 First and Last Name	Father/Parent #2 First and Last Name	Last Name(s) Prior to First Marriage
Funeral Home/Mortuary In Charge of Arrangements		

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 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:
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