

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health Helping people. It's who we are and what we do.



APPLICATION FOR A CORRECTION OF A RECORD COURT ORDERED NAME CHANGE ONLY

Applicant's Information (Corrected Certificate Will Be Mailed To This Address)										
Applicant's Name (First & Last)					Applicant's Telephone Number			elephone Number		
Applicant's Address				City				State	ZIP	
Applicant's Relationship to Person of Record				Applicant's Email Address Reason		Reason f	n for Correction			
Type of Certificate (Select All That Applies)										
	Birth Certificate Correction			Death Certificate Correction			Fetal Death Certificate Correction			
Fee Information (\$45.00 per Person of Record and includes the correction and one certified copy)										
Number of Copies (In addition to the \$45 fee) Fee for A Certified Certificate Copy										
		\$25.00 Per <u>additional</u> <i>Birth</i> Certificate								
		\$25.00	Per <u>additional</u> Death Certificate where death occurred in the following counties: Carson, Clark, Douglas, Lyon, Mineral or Washoe							
		\$22.00	Per <u>additional</u> Death Certificate where the death occurred in a county not listed above.							
	Total Number of Certificates Ordered									

Please Note:

Our office will only accept a CERTIFIED copy of a court order in order to process your request

Current Information on the Person of Record								
(This information is used to locate the Person on the Certificate's record)								
Person of Record's First Name	Middle Name	Last Name						
Date of Birth or Date of Death	County of Birth or County of Death	State of Birth						

FOR OFFICE USE ONLY							
Receipt Number	Date						

Revision Date 07/26/2021





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Amending or Correcting A Birth or Death Certificate

Per Nevada Administrative Code 440.023 & 440.030

Where do I send the certified copy of the name change, copy of identification and the fee?

Office of Vital Records and Statistics Attn: Corrections 4150 Technology Way, Suite 104 Carson City, Nevada 89706

Please allow up to 4 weeks to process your request. For any questions, please contact us at **(775) 684-4242** or email us at **ovrpac@health.nv.gov**. Please provide the name of the applicant, the person of record, and applicant's phone number.

