



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

Complete all Sections and Boxes to ensure accuracy

Applicant's Information (Corrected Certificate will be mailed to this address.)			
Applicant's Name (First & Last)			Applicant's Telephone Number
Applicant's Address		City	State ZIP
Applicant's Relationship to Person of Record	Applicant's Email Address	Reason for Correction	
Type of Certificate (Select all that apply.)			
<input type="checkbox"/> Birth Certificate Correction	<input type="checkbox"/> Death Certificate Correction	<input type="checkbox"/> Fetal Death Certificate Correction	
Fee Information			
<p>\$45.00 per Person of Record and includes the correction and one certified copy. \$25.00 for each additional copy. We accept checks, money orders, or cashier checks. Please do NOT send cash. Please make payable to the Office of Vital Records.</p>			
Please Note:			
Our office will only accept a CERTIFIED copy of a court 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	
Mother/Parent 1's First Name	Mother/Parent 1's Last Name Prior to First Marriage	Mother/Parent 1's Date of Birth	
Father/Parent 2's First Name	Father/Parent 2's Last Name Prior to First Marriage	Father/Parent 2's Date of Birth	
FOR OFFICE USE ONLY			
RECEIPT #			Date

ALL IN GOOD HEALTH.

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

Who do I make the fee payable to?

Office of Vital Records and Statistics

How long does this process take?

Please allow up to 4-6 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