

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Division of Public and Behavioral Health



Helping people. It's who we are and what we do.

APPLICAT	TION FOR A CE	RTIFIED COPY OF E	BIRTH CERTIF	FICATE OR VERIFICATION
Number of Copies	CERTIFIED COPY OF BIRTH CERTIFICATE FEE:			
	\$25.00 per Certificate			
X	TYPE OF CERTIFICATE (Please check one type box below)			
	Certificate(s) to read as "Mother / Father"			
	Certificate(s) to read as "Parent / Parent"			
X	VERIFICATION ONLY (Verifies the existence of a record with the State of Nevada and does not include a certified copy.)			
	Search/Verification - \$10.00 per search /verification			
	Paternity Letter - \$10.00 per search /verification			
"Authorization for Cred ONLY.	dit Card Use" form and	d the card holder's identifica	ation if paying by c	t cards are accepted. Please include the redit card. CASH FOR WALK-IN CUSTOMERS  EQUIRED FOR ALL REQUESTS. PROOF OF
	RELATI	ONSHIP IS REQUIRED FOR	CERTIFICATE RE	QUESTS.
Name of the Perso	on on the Certifi	cate		
First		Middle		Last
Date of Birth		County of Birth		State of Birth
Parent's First and Last Name		Parent's First and Last Name		Last Name(s) Prior to First Marriage
to facilitate a legal proc certificate. Please prov	cess to receive a certifide proof such as a birertificate, the request	ied copy of a certificate. Bel th certificate or court order	ow, indicate your i . Unless the applica	lood or marriage, a legal relationship or a need elationship or your legal need for this ant is the informant, listed surviving spouse, or ided. Visit our website listed below for more
Relationship and Reaso	n for Request			
A 11 1/ D: 1 14				
Applicant's Printed Name			Applicant's Signature	
Applicant's Address (Street, City, State & ZIP)				Applicant's Phone Number
FOR OFFICE VICE CO.				
FOR OFFICE USE ON	LY			
Receipt/Applicant ID Number:			Date:	



Rev. 1/11/2020