

State of Nevada
Health Division
Bureau of Health Planning and Statistics
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706
Telephone (775)684-4242
www.health.nv.gov/vs.htm

DEATH CERTIFICATE APPLICATION

\$20.00 per certified copy Number of copies _____

\$10.00 Search/Verification of a record

Check or Money Order only

**PHOTOCOPY OF APPLICANT'S ID /DRIVERS LICENSE AND
PAYMENT IN FULL IS REQUIRED TO OBTAIN CERTIFICATE**

Full name of decedent:

First	Middle	Last
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Date of death: _____ Social Security No: _____

Place of death: _____

Decedent's father's name: _____

Decedent's mother's *maiden* name: _____

Mortuary/Funeral Home in charge of arrangements: _____

NRS 440.650 and NAC 440.070 require that a **relationship** or a need to facilitate a **legal process** be established in order to receive a certified copy of a record.

Please state your relationship and your legal need for this record: _____

Signature of applicant: _____

Phone number: _____

Name and mailing address (please print): _____

FOR OFFICE USE ONLY

Amount received: _____ Receipt number: _____

No. of copies issued: _____ Date: _____