

**Birth Certificate Application**  
Southern Nevada Health District - Vital Records Office  
P.O. Box 3902 - 625 Shadow Lane  
Las Vegas, NV 89127  
(702) 759-1010  
Fax (702) 383-4095

Number of Birth Certificate Copies (\$20 each)? \_\_\_\_\_

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**Application Information**

Full Name of Child:

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

(Name of Hospital, etc)

Maiden Name of Mother \_\_\_\_\_

Full Name of Father:

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Your Relationship to Child \_\_\_\_\_

(i.e. self, parent, etc.)

Your Name:

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Your Address:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Notice: Nevada law states that the possession, sale and transfer of identity information is punishable by law.

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**Shipping Information** ( if different from ‘Your Address’ above)

Ship To Name:

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Country \_\_\_\_\_

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**Payment Options**

- Mail a money order along with this completed application and a copy of your photo identification to:  
Southern Nevada Health District - Vital Records Office  
P.O. Box 3902 - 625 Shadow Lane  
Las Vegas, NV 89127
- Fax this application along with the credit card information below and a copy of your photo identification to (702) 383-4095.
- Complete the online birth certificate application form and fax a copy of your photo identification to (702) 383-4095.

**VISA AND MASTERCARD ONLY ARE ACCEPTED**

Credit Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
3 digit security code on back of card \_\_\_\_\_  
Cardholder name (as it appears on card) \_\_\_\_\_  
Card Holder Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Country \_\_\_\_\_



- All Birth Certificate applications must be accompanied by photo identification
- Birth Certificates will be sent via USPS mail
- Requestor’s name and address must match the billing name and address of the credit card
- Each Birth Certificate is \$20 USD

Please attach a copy of the photo identification here => or on a separate sheet.

