



Southern Nevada Health District
Vital Records Office
P. O. Box 3902 • 625 Shadow Lane
Las Vegas, Nevada 89127
(702) 759-1010 • www.southernnevadahealthdistrict.org

BIRTH CERTIFICATE APPLICATION

Birth Certificate (\$20/each)

Registration Cards (\$25/set of 2)

How many? _____

How many sets? _____

Name on Certificate: _____
First Middle Last

Date of Child's Birth: _____
Month Day Year

Name of Hospital (or "home" if home birth): _____

Maiden Name of Mother: _____

Name of Father: _____
First Middle Last

Your Name: _____

Your Relationship to Child (self, mother, father, etc.): _____

Your Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____

Signature: _____ Date: _____

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

**** IF REQUESTING BY MAIL: Copy of applicant's ID is required. **
Make money order payable to SNHD. No personal checks accepted.**