

Death 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

www.southernnevadahealthdistrict.org

Number of Death Certificate Copies (\$20 each)? _____

Application Information

Full Name of Deceased:

First Name _____

Middle Name _____

Last Name _____

Date of Death _____

Place of Death _____

Full Name of Father of Deceased:

First Name _____

Middle Name _____

Last Name _____

Maiden Name of Mother _____

Mortuary in Charge of Arrangements:

Mortuary Name _____

Street _____

City _____

State _____

Zip Code _____

Country _____

Purpose for which certificate is used

Relationship to Deceased _____

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.

Shipping Information (if different from 'Your Address' above)

Ship To Name:

Street _____

City _____

State _____

Zip Code _____

Country _____

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) _____

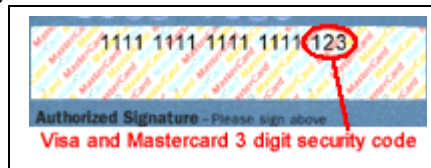
Card Holder Street Address _____

City _____

State _____

Zip Code _____

Country _____



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

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

