

**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) 759-1421

www.southernnevadahealthdistrict.org

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

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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.

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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) 759-1421.
- Complete the online birth certificate application form and fax a copy of your photo identification to (702) 759-1421.

**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) \_\_\_\_\_

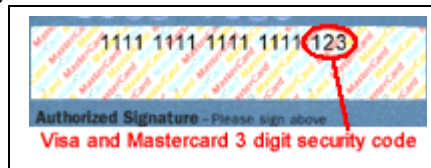
Card Holder Street Address \_\_\_\_\_

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.

