



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

**DEATH CERTIFICATE APPLICATION**

- Death Certificate (Fee \$20/each) No. of Copies \_\_\_\_\_
- Search Fee when year of death is unknown (Fee \$8/Name)

**APPLICATION INFORMATION**

Full Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Name of Father of Deceased: \_\_\_\_\_

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

Mortuary in charge of arrangements: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose for which certificate is used: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE: Nevada law states that the 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.**