



### Birth Certificate Application

<b>Birth Certificate Fees: (per request)</b>	<b>First Certificate: \$33.00</b>	<b>Each Additional Certificate: \$20.00</b>
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<b>X</b>	<b>TYPE OF CERTIFICATE (Please check one type box below)</b>
	Certificate(s) to read as "Mother/Father"
	Certificate(s) to read as "Parent/Parent"

<b>X</b>	<b>VERIFICATION ONLY</b>
	Verifies the existence of a record with the State of Nevada and does not include a certified copy.
	Search/Verification- \$10.00 per search/verification

Personal Checks are not accepted  
 Money Order/Business Checks should be made payable to: SNHD Vital Records  
 Mail to: Office of Vital Records, PO BOX 3902 Las Vegas, NV 89127

Name of the person on the certificate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Hospital or Facility: \_\_\_\_\_

Name of Mother/Parent (including Maiden Name): \_\_\_\_\_

Name of Father/Parent (if listed): \_\_\_\_\_

**Identification is required for all applications**

[NRS 440.650](#) and [NAC 440.070](#) requires the applicant to establish a direct relationship by blood or marriage, a legal relationship or a need to facilitate a legal process to receive a certified copy of a certificate. If your name is not listed on the certificate as the person of record or a parent listed on the certificate you must provide ID along with additional proof of relationship. The request will be rejected if sufficient proof is not provided. Visit our website [www.snhd.info](http://www.snhd.info) for more information of proof required.

Relationship and reason for request: \_\_\_\_\_

Your Name: Printed: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

By signing this document I declare under penalty of perjury under the laws of the state of Nevada, that I am an authorized person, as defined in Nevada Revised Statute 440.650 and Nevada Administrative Code 440.070, and am eligible to receive a certified copy of the birth certificates of the above named individual.

Signature of Applicant: \_\_\_\_\_

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