



Southern Nevada Health District  
Office of Vital Statistics  
**Birth Certificate Application**

Description of Item	Fees	Number of Copies
Purchase of First Certified Birth Certificate (per request)	\$33.00	
Each Additional Certified Birth Certificate	\$20.00	
Birth Abstract	\$10.00	
Search/Verification- search/verifications do not include a certified copy.	\$10.00	

\*\$13.00 fee on the first purchase will only be waived with proof of prior purchase Total Amount Enclosed:\$ \_\_\_\_\_

Name on Certificate: \_\_\_\_\_

Date of Childs Birth: \_\_\_\_\_ Name of hospital or facility: \_\_\_\_\_

<b>Please Check</b> <input type="checkbox"/> Mother <b>OR</b> <input type="checkbox"/> Father			
First Name	Middle Name	Last Name	Maiden Name
<b>Please Check</b> <input type="checkbox"/> Mother <b>OR</b> <input type="checkbox"/> Father			
First Name	Middle Name	Last Name	Maiden Name

**NRS 440.650 and NAC 440.070 requires a direct blood relationship or legal need be established to receive a certified birth certificate.**

**To receive a Certified Birth Certificate I am:**

- The child listed on the certificate
- Mother of the child listed on the certificate
- Father of the child and my name is listed on the certificate
- Grandparent of the child and both parents are listed on the certificate
- A legal guardian of the child listed on the certificate. (Legal guardian must provide documentation.)
- A party entitled to receive the record as a result of a court order or an attorney or a licensed adoption agency seeking the birth record in order to comply with the legal requirements.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.

**(Companies representing a government agency must provide authorization from the government agency.)**

Other: \_\_\_\_\_

**Note: Nevada law states that the possession, sale and transfer of identity information is punishable by law. [NRS 205.465](#)**

Your name: \_\_\_\_\_

Your Address: \_\_\_\_\_ City: State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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 certificate of the above named individual.

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

Mail to: Southern Nevada Health District  
Attn: Vital Records  
PO Box 3902 | Las Vegas, NV 89127  
(702) 759-1010 Fax (702) 759-1421 | <http://www.SNHD.info>

**\*Identification Required**  
**\*Personal checks are not accepted**



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**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

- The applicant (person signing this request) must provide a photocopy of their driver’s license or other current signed government [state, federal, or tribal] issued identification.

<b><u>Approved Identification List</u></b>	<b><u>OR Two forms of CURRENT ID- One must have a signature.</u></b>
<ul style="list-style-type: none"> <li>• Drivers license</li> <li>• State ID card</li> <li>• Passport</li> <li>• Tribal ID Card</li> <li>• Prison ID Card</li> <li>• Employment Authorization Card</li> <li>• School, University or College Identification</li> <li>• U.S. Military Identification</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Card</li> <li>• Motor Vehicle Registration Card</li> <li>• Mexican Voter Card</li> <li>• Probation or Parole Documents</li> <li>• Property Tax Receipt</li> <li>• Auto Insurance</li> <li>• Court Record With Signature</li> <li>• Matricula Card with Signature</li> <li>• Hunting/Fishing License</li> </ul>

- If your name is not listed on the certificate proof of relationship and/or legal documentation is required.

**Submitting Request**

**Before mailing your request please ensure the following are included in the envelope.**

- A complete, legible birth certificate application. (Signature included)
- A money order or cashier’s check made payable to:

**Mail to: Southern Nevada Health District  
Attn: Vital Records  
PO Box 3902 | Las Vegas, NV 89127  
\*\*PERSONAL CHECKS ARE NOT ACCEPTED\*\***

- A clear copy of your government issued photo ID or two forms from the list above.