



Identification Required

# DEATH CERTIFICATE APPLICATION

Death Certificate Fees (per request)	Purchase of First Certificate \$33.00	Each Additional Copy \$20.00
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Number of Copies \_\_\_\_\_  Is this a fetal death certificate?

\$10 Search/Verification- search/verifications do not include a certified copy.

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

Date of Death: \_\_\_\_\_ Date of Birth of the Deceased: \_\_\_\_\_

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

Name of Mother of Deceased: \_\_\_\_\_

Mortuary: \_\_\_\_\_

**[NRS 440.650](#) and [NAC 440.070](#) require that a relationship or a need to facilitate a legal process be established in order to receive a certified copy of a record.**

**To receive a Certified Copy I am:**

- A parent, child, grandparent, grandchild, brother or sister, spouse, or registered domestic partner of the deceased. Specify: \_\_\_\_\_
- A party entitled to receive the record as a result of a court order or an attorney seeking the death record in order to comply with the legal requirements.
- An attorney representing the deceased or the deceased's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the deceased or the deceased's estate.
- A person with appointed rights in a power of attorney, or an executor of the deceased's estate. (Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)
- 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 death certificate of the above named individual.

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

**Mail to: Southern Nevada Health District – Vital Records Office**

**Attn: Vital Records**

PO Box 3902 | Las Vegas, NV 89127

(702) 759-1010 Fax (702) 759-1421 | <http://www.SNHD.info>

**Southern Nevada Health District  
VITAL RECORDS  
P.O. Box 3902  
Las Vegas, NV 89127**

**BEFORE MAILING YOUR REQUEST PLEASE ENSURE THE  
FOLLOWING ARE INCLUDED IN THE ENVELOPE:**

- A COMPLETE, LEGIBLE, DEATH CERTIFICATE APPLICATION**  
Include: Signature, Date, and Correct shipping address
  
- PAYMENT**  
Must be a Money Order or Cashiers Check. Made payable to SNHD or Southern Nevada Health District. (Incomplete or inaccurate money orders will be returned.)

**\*\*\*NO PERSONAL CHECKS\*\*\***

- A CLEAR COPY OF YOUR GOVERNMENT ISSUED PHOTO IDENTIFICATION,**  
e.g. Drivers License, Passport, Military ID