



Birth Certificate Application

Birth Certificate Fees: (per request)	First Certificate: \$38.00	Each Additional Certificate: \$25.00
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X	TYPE OF CERTIFICATE (Please check one type box below)
	Certificate(s) to read as "Mother/Father"
	Certificate(s) to read as "Parent/Parent"

X	VERIFICATION ONLY
	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 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: _____