



State of Nevada  
 Division of Public and Behavioral Health, Office of Vital Records and Statistics  
 4150 Technology Way, Suite 104  
 Carson City, Nevada 89706  
 Telephone (775) 684-4242  
<http://dpbh.nv.gov>

**APPLICATION FOR A CERTIFIED DEATH CERTIFICATE COPY OR VERIFICATION**

<b>Number of Copies</b>	<b>FEE FOR A CERTIFIED DEATH CERTIFICATE COPY</b>
	\$20.00 per certificate
<b>X</b>	<b>TYPE OF CERTIFICATE</b> <i>(Please check one type box below)</i>
X	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

**MAKE PAYMENT PAYABLE TO:** Office of Vital Records. Checks, money orders and credit cards are accepted. Please include the Authorization for Credit Card Use form when paying by credit card.

**A COPY OF THE APPLICANT'S PHOTO IDENTIFICATION, PROOF OF RELATIONSHIP AND FULL PAYMENT IS REQUIRED TO OBTAIN CERTIFICATE OR VERIFICATION**

**Name of the Person on the Certificate:**

<b>First</b>	<b>Middle</b>	<b>Last</b>
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<b>Date of Death</b>	<b>County of Death</b>	<b>Social Security Number</b>
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<b>Parent's First and Last Name</b>	<b>Parent's First and Last Name</b>	<b>Last Name(s) Prior to First Marriage</b>
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<b>Funeral Home / Mortuary in Charge of Arrangements</b>
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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 record. Below, indicate your relationship or your legal need for this record. Please provide proof such as a birth certificate or court order. **The request will be rejected if sufficient proof is not provided.** Visit our website listed above for more information regarding proof required.

<b>Relationship and Reason for Request</b>
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<b>Applicant's Printed Name</b>	<b>Applicant's Signature</b>
<b>Applicant's Address</b>	<b>Applicant's Phone Number</b>

<b>FOR OFFICE USE ONLY</b>	
<b>Amount received:</b> _____	<b>Receipt number:</b> _____
<b>No. of copies issued:</b> _____	<b>Date:</b> _____