



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
Bureau of Health Protection and Preparedness  
Office of Vital Records and Statistics  
4150 Technology Way, Suite 104  
Carson City, Nevada 89706  
Telephone (775) 684-4242 • Fax (775) 684-4156  
<http://dpbh.nv.gov>

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

Number of Copies	FEE FOR A CERTIFIED DEATH CERTIFICATE COPY
	\$25.00 per certificate (Carson, Clark, Douglas, Lyon, Mineral and Washoe Co.) \$22.00 per certificate (all other counties)
X	<b>TYPE OF CERTIFICATE</b> <i>(Please check one type box below)</i>
	Certificate(s) to read as "Mother / Father"
	Certificate(s) to read as "Parent / Parent"
X	<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

**A COPY OF THE APPLICANT'S PHOTO IDENTIFICATION AND FULL PAYMENT IS REQUIRED FOR ALL REQUESTS. PROOF OF RELATIONSHIP IS REQUIRED FOR CERTIFICATE REQUESTS.** Make payment payable to: Office of Vital Records. Checks, money orders and credit cards are accepted. Please include an Authorization for Credit Card Use form if paying by credit card.

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

First	Middle	Last
Date of Death	County of Death	Social Security Number
Parent's First and Last Name	Parent's First and Last Name	Last Name(s) Prior to First Marriage
Funeral Home / Mortuary in Charge of Arrangements		

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 certificate. Please provide proof such as a birth certificate or court order, unless the applicant is the informant, listed surviving spouse or a parent listed on the certificate. **The request will be rejected if sufficient proof is not provided.** Visit our website listed above for more information regarding proof required.

**Relationship and Reason for Request**

Applicant's Printed Name	Applicant's Signature
Applicant's Address	Applicant's Phone Number

**FOR OFFICE USE ONLY**

Receipt number: \_\_\_\_\_ Date: \_\_\_\_\_