



Southern Nevada Health District
Vital Records Office
P. O. Box 3902
Las Vegas, NV 89127
(702) 759-1010 • Fax (702) 759-1421 • www.SNHD.info

BIRTH CERTIFICATE APPLICATION

Birth Certificate (\$20 USD/each)

How many? _____

Name on Certificate: _____
First Middle Last

Date of Child's Birth: _____

Name of Hospital (or "home" if home birth): _____

Maiden Name of Mother: _____

Name of Father: _____
First Middle Last

Your Name: _____
First Middle Last

Your Relationship to Child (self, mother, father, etc.): _____

Your Address: _____

City: _____ State: _____ ZIP Code: _____

Country: _____

Email: _____

Phone Number (with area code): _____

Signature: _____ Date: _____

NOTE: Nevada law states that the possession, sale and transfer of identity information is punishable by law.

** IF REQUESTING BY MAIL: Copy of applicant's ID is required. **
Make money order payable to SNHD. No personal checks accepted.