



Southern Nevada Health District
Office of Vital Statistics
Birth Certificate Application

Description of Item	Fees	Number of Copies
Purchase of First Certified Birth Certificate (per request)	\$33.00	
Each Additional Certified Birth Certificate	\$20.00	
Birth Abstract	\$10.00	
Search/Verification- search/verifications do not include a certified copy.	\$10.00	

*\$13.00 fee on the first purchase will only be waived with proof of prior purchase Total Amount Enclosed:\$ _____

Name on Certificate: _____

Date of Childs Birth: _____ Name of hospital or facility: _____

Please Check <input type="checkbox"/> Mother OR <input type="checkbox"/> Father			
First Name	Middle Name	Last Name	Maiden Name
Please Check <input type="checkbox"/> Mother OR <input type="checkbox"/> Father			
First Name	Middle Name	Last Name	Maiden Name

NRS 440.650 and NAC 440.070 requires a direct blood relationship or legal need be established to receive a certified birth certificate.

To receive a Certified Birth Certificate I am:

- The child listed on the certificate
- Mother of the child listed on the certificate
- Father of the child and my name is listed on the certificate
- Grandparent of the child and both parents are listed on the certificate
- A legal guardian of the child listed on the certificate. (Legal guardian must provide documentation.)
- A party entitled to receive the record as a result of a court order or an attorney or a licensed adoption agency seeking the birth record in order to comply with the legal requirements.
- 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 birth certificate of the above named individual.

Signature of Applicant: _____ Date: _____

Mail to: Southern Nevada Health District
Attn: Vital Records
PO Box 3902 | Las Vegas, NV 89127
(702) 759-1010 Fax (702) 759-1421 | <http://www.SNHD.info>

*Identification Required
*Personal checks are not accepted



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PLEASE READ THESE INSTRUCTIONS CAREFULLY

- The applicant (person signing this request) must provide a photocopy of their driver’s license or other current signed government [state, federal, or tribal] issued identification.

<u>Approved Identification List</u>	<u>OR Two forms of CURRENT ID- One must have a signature.</u>
<ul style="list-style-type: none"> • Drivers license • State ID card • Passport • Tribal ID Card • Prison ID Card • Employment Authorization Card • School, University or College Identification • U.S. Military Identification 	<ul style="list-style-type: none"> • Social Security Card • Motor Vehicle Registration Card • Mexican Voter Card • Probation or Parole Documents • Property Tax Receipt • Auto Insurance • Court Record With Signature • Matricula Card with Signature • Hunting/Fishing License

- If your name is not listed on the certificate proof of relationship and/or legal documentation is required.

Submitting Request

Before mailing your request please ensure the following are included in the envelope.

- A complete, legible birth certificate application. (Signature included)
- A money order or cashier’s check made payable to:

**Mail to: Southern Nevada Health District
Attn: Vital Records
PO Box 3902 | Las Vegas, NV 89127
PERSONAL CHECKS ARE NOT ACCEPTED**

- A clear copy of your government issued photo ID or two forms from the list above.