

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:	Midd		
		lle Last	
Maiden Name of Mother:			
Name of Father:	Middle	Last	
Your Name:			
		Last :	
		state:ZIP Code: _	
Country:			
Email:			
Signature:		Date:	

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

## **SHIPPING INFORMATION** (if different from 'Your Address' on reverse)

Na	me:			
	reet:			
	y:			
	ountry:			
	PAYMENT OPTIONS			
•	Mail a money order payable to SNHD with this completed application and a copy of your photo ID to: Southern Nevada Health District - Vital Records Office, P.O. Box 3902, Las Vegas, NV 89127.			
•	Fax this application with the credit card information below and a copy of your photo ID to (702) 759-1421.			
•	Complete the online birth certificate application form and fax a copy of your photo ID to (702) 759-1421.			
	** ONLY VISA AND MASTERCARD ARE ACCEPTED. **			
Cr	edit Card Number:			
Ex	piration Date:3 digit security code:			
Ca	rdholder Name (as it appears on card):			
Ca	rdholder Billing Address:			
Cit	y:			
	<u> </u>			
Сс	ountry:			
•	Birth certificates are sent by standard mail through the United States Postal Service.			
•	The credit cardholder's name and address must match the billing name and address of the credit card.			
•	Each birth certificate is \$20 USD.  Visa and Mastercard 3 digit security code			
•	All applications must be accompanied by photo identification.			

Attach a copy of the photo ID here or on a separate sheet.