



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

## DEATH CERTIFICATE APPLICATION

- Death Certificate (\$20 USD/each) No. of Copies \_\_\_\_\_  
 Search/Verification Fee (\$10 USD/Name)

Full Name of Deceased: \_\_\_\_\_  
First Middle Last

Date of Death: \_\_\_\_\_

Name of Father of Deceased: \_\_\_\_\_  
First Middle Last

Maiden Name of Mother: \_\_\_\_\_

Mortuary in charge of arrangements: \_\_\_\_\_

Purpose for which certificate is used: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Your Name (Please Print): \_\_\_\_\_  
First Middle Last

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.**

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

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

**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 death certificate application form and fax a copy of your photo ID to (702) 759-1421.

**\*\* ONLY VISA AND MASTERCARD ARE ACCEPTED. \*\***

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 digit security code: \_\_\_\_\_  
(on back of card)

Cardholder Name (as it appears on card): \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

- Death 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 death certificate is \$20 USD.
- All applications must be accompanied by photo identification.



Visa and Mastercard 3 digit security code

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