



Identification Required

DEATH CERTIFICATE APPLICATION

Death Certificate Fees (per request)	Purchase of First Certificate \$33.00	Each Additional Copy \$20.00
-----------------------------------------	------------------------------------------	---------------------------------

Number of Copies _____

☐ Is this a fetal death certificate?

☐ \$10 Search/Verification- search/verifications do not include a certified copy.

Full Name of Deceased: _____

Date of Death: _____ Date of Birth of the Deceased: _____

Name of Father of Deceased: _____

Name of Mother of Deceased: _____

Mortuary: _____

[NRS 440.650](#) and [NAC 440.070](#) require that a relationship or a need to facilitate a legal process be established in order to receive a certified copy of a record.

To receive a Certified Copy I am:

- ☐ A parent, child, grandparent, grandchild, brother or sister, spouse, or registered domestic partner of the deceased. Specify: _____
- ☐ A party entitled to receive the record as a result of a court order or an attorney seeking the death record in order to comply with the legal requirements.
- ☐ An attorney representing the deceased or the deceased's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the deceased or the deceased's estate.
- ☐ A person with appointed rights in a power of attorney, or an executor of the deceased's estate. (Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)
- ☐ 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 death certificate of the above named individual.

Signature of Applicant: _____

Date: _____

Mail to: Southern Nevada Health District – Vital Records Office

Attn: Vital Records

PO Box 3902 | Las Vegas, NV 89127

(702) 759-1010 Fax (702) 759-1421 | <http://www.SNHD.info>