Department of Health & Human Services DHHS N E B R A S K A A APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE	
This office has been registering deaths occurring in Nebraska since <u>19</u> PLEASE TYPE OR PRINT LEGIBLY Full name of deceased	
(If female, list married name or any other name(s) decedent may have	used)
City or town of death	County of death
Month, day and year of death (If exact date of death is unknown, list date decedent was last known to	o be alive or indicate a span of years to search)
How are you related to decedent?	
For what purpose is this record to be used?	
The information in this section is needed in order to do a thorough s	earch in locating and identifying the requested record:
Year of birth	Birthplace
Spouse's full name	Home address
Father's full name	
Mother's full name	
Funeral Director	City
WARNING : Section 71-649, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.	
PLEASE ENCLOSE A PHOTOCOPY OF YOUR PHOTO ID (i.e., DRIVER'S LICENSE) WHEN MAILING IN THIS REQUEST.	FOR OFFICE USE ONLY
	Check MO Cash
SIGNATURE	Amount Received
Type or print name	
Mailing Address	
City, State, Zip	
Daytime Telephone Number	DL STATE ID OTHER
Email Address	
Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.	
Number of certified copies x \$16.00 each = \$ Total (Please make checks payable to Vital Records)	
Mail to:Bring to:Vital RecordsVital RecordsPO Box 950651033 O Street, Suite 130Lincoln, NE 68509-5065Lincoln, NE 68508-3621	
(Please enclose a stamped, self-addressed business size envelope.)	