

WASHOE COUNTY CERTIFIED BIRTH CERTIFICATE COPY OR VERIFICATION

We cannot provide certificates for any birth that occurred outside of Washoe County. To obtain certificates for other counties in Nevada, call 775.684.4242. For any other location, contact that state or county for information.

Name of the Person on the Certificate:

First	Middle	Last
Date of Birth		County of Birth
Father's First and Last Name	Mother's First and Last Name	Mother's Last Name(s) Prior to First Marriage

NRS 440.650 and NAC 440.070 require the requestor to establish a direct relationship by blood or marriage, a legal relationship or a need to facilitate a legal process to receive a certified copy of a record. Below, indicate your relationship or your legal need for this record. Please provide proof such as a birth certificate or court order. The request will be rejected if sufficient proof is not provided. For more information regarding acceptable proof required visit our website www.nnph.org. Select "Program and Services" then select "Birth and Death Records."

BY SUBMITTING THIS FORM, YOU ACKNOWLEDGE THAT EVERYTHING IS TRUE AND THAT YOU ARE AWARE THAT THE POSSESSION, SALE OR TRANSFER OF IDENTITY INFORMATION IS PUNISHABLE BY LAW.

Relationship and Reason for Request	
Requestor's Printed Name	Requestor's Signature
Requestor's Address	Phone Number

Number of Copies	CERTIFIED BIRTH CERTIFICATE COPY
	\$25.00 per certificate.

If we are unable to provide the certificate, a \$10.00 search fee will be retained with balance refunded to payer by mail.

	VERIFICATION
	\$10.00 Verifies the existence or non existence of a record with Washoe County and does not include a certified copy.

PLEASE MAKE PAYMENT PAYABLE TO: Northern Nevada Public Health. Checks or money orders are accepted for mail orders. Checks, cash, money orders and MasterCard/Visa are accepted for walk-in orders.

**ORIGINAL DOCUMENTATION MUST BE PRESENTED FOR WALK-IN REQUESTS.
FOR MAIL REQUESTS A COPY OF THE REQUESTOR'S PROOF OF IDENTITY, PROOF OF RELATIONSHIP TO PERSON LISTED ON RECORD AND FULL PAYMENT IS REQUIRED.**

FOR OFFICE USE ONLY

Amount received: _____ Receipt number: _____
Payment Type: _____ Date: _____