



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
Bureau of Health Protection and Preparedness  
Office of Vital Records and Statistics  
4150 Technology Way, Suite 104  
Carson City, Nevada 89706  
Telephone (775) 684-4242 • Fax (775) 684-4156  
<http://dpbh.nv.gov>

## AMENDING OR CORRECTING A BIRTH OR DEATH CERTIFICATE

Thank you for submitting your request to amend or correct a birth or death certificate. To amend or correct a birth or death certificate, the processing time is approximately two (2) to four (4) weeks upon our office receiving all the required documents and information.

The Office of Vital Records processes all requests in the order received. The Office of Vital Records does not have an expedited process to ensure fairness to all our customers.

Once our office processes your request, it will be picked in the next business day's mail. The amended / corrected certificate will be mailed via standard U.S. mail. You may include a pre-paid self-addressed stamped envelope to receive the mail quicker upon our processing.

Please remember to read the guide and all instructions closely to avoid your request being rejected and returned to you.

The correction and the fee of \$40.00 will provide the applicant with one (1) certified copy of the corrected certificate. If the applicant wants additional certified copies of the certificate, please complete the enclosed "Certificate Application" to request additional certified copies. Please follow all instructions on this application when requesting additional certificates.

Remember to include the following:

- Affidavit for Correction of a Record* form **OR** an original certified court order from a U.S. District Court
- Other verifiable evidence as listed in the "Amendment Chart" **OR** a *Supplemental Affidavit*
- Proper payment by check, money order, cashiers check or credit card. If paying by credit card, an Authorization for Credit Card Use form is included in this packet.

Thank you,

Office of Vital Records

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## *Amending / Correcting a Birth or Death Certificate*

### *Per Nevada Administrative Code 440.023, 440.030 & 440.035*

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#### When a Court Order is Required

- ✓ A court order by a court of competent jurisdiction is required for the following fields, unless a data entry error can be proven at the time the record was created.
  - If an error can be proven regarding a name that would normally require a court order
  - Marital status on a death record
  - Any name on a birth or death record, except for the following:
    - A middle name to a middle initial
    - A middle initial to a middle name
    - Informant's name on a death record
    - Child's last name (only) on a birth record when adding a father AND changing the child's last name to the father's last name

#### Affidavit for Correction of a Record When a Court Order is **NOT** Required

- ✓ The **rest of this guide** is to aid in the process of correcting information on a birth/death certificate when an affidavit is the appropriate method to amend the certificate. The Affidavit for Correction of a Record form has been revised and the Supplemental Affidavit form has been created. Both forms are available on our website at:  
[http://dpbh.nv.gov/Programs/BirthDeath/dta/Forms/Birth/Death\\_Vital\\_Records\\_-\\_Forms/](http://dpbh.nv.gov/Programs/BirthDeath/dta/Forms/Birth/Death_Vital_Records_-_Forms/)
- ✓ Please note a notation will be placed on the certificate noting an amendment / correction was processed along with the section(s) amended, unless the court orders a new certificate to be issued.
- ✓ The requirements and process to correct the information on a birth/death record are as follows:

#### Who May Apply for Amending the Birth Certificate

- ✓ The person of record; or
- ✓ The parent or guardian of the person of record; or
- ✓ A legal representative of the person of record.

#### Who May Apply for Amending the Death or Fetal Death Certificate

- ✓ The funeral director listed on the record; or
- ✓ The informant listed on the record; or
- ✓ The certifier listed on the record.

#### Who May Apply for Amending Medical Information on a Certificate

- ✓ Pursuant to NAC 440.023 (2), a request to correct medical information on a certificate **must** originate with the certifier of the medical information. The certifier listed on the record **must** sign (witness) the Affidavit for Correction of a Record form.
  - Medical information:
    - Birth certificate: There is no medical information on the birth certificate.
    - Death or Fetal Death certificate: The date of death, time of death, hospital (institution), and any section in Cause of Death / Cause.

## Documentation Required to Correct a Certificate: (TWO (2) Documents to complete the process)

### ✓ **Affidavit for Corrections of a Record**

- This form must be signed (witnessed) by an individual as outlined above on who may can apply.
- The “State of Corrections” (item # 8 a and 8b) must be completed concisely and accurately.

**-AND-**

**ONE** of the following documents **MUST** be provided with the *Affidavit for Corrections of a Record*:

### ✓ **Other Verifiable Evidence**

- A document that verifies and proves each correction being requested.
- A court order from any U.S. District Court is also acceptable as other verifiable evidence.
- Any document submitted as other verifiable evidence that is in a language other than English must be accompanied by a certified translated version of that document. The translation must be completed by someone authorized to translate documents.

**-OR-**

### ✓ **Supplemental Affidavit**

- This form must be completed by an individual that has personal knowledge and can attest to the correction being requested on the primary affidavit. This personal knowledge is gained through firsthand experience or observation, through a personal, familial, medical, or a professional relationship with the person of the record being amended.
- This form must clearly and concisely explain **how** the person signing (witnessing) the form has knowledge of the information being corrected.
- This form must be completed in its entirety by an individual other than the person who signed (witnessed) *the Affidavit for Corrections of a Record*.

## When Submitting any Affidavit

- ✓ The document must be notarized.
- ✓ The document must be completed in its entirety.
- ✓ The document cannot contain any write overs, cross outs or white outs.
- ✓ The document must be accurately completed with correct information.
- ✓ The individual signing (witnessing) this form must be at least 18 years of age.
- ✓ The document form must be legible.
- ✓ The document must be typed or completed in blue or black ink.

## Fees

- ✓ Correcting a Record on file with the State Registrar (including one certified copy of the amended certificate): \$40.00
- ✓ Additional certified copies of a birth/death certificate: \$20.00 EACH.
- ✓ Correcting a Record on file with the State Registrar filed by the certifier and the State Registrar determines that the correction is not the result of an error by the certifier: \$10.00.

## How to Submit Documents

In person or by mail:  
Division of Public and Behavioral Health  
Office of Vital Records and Statistics  
4150 Technology Way, Suite 104  
Carson City, Nevada 89706



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BIRTH  
 DEATH

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State Affidavit No. \_\_\_\_\_

<b>INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE</b>	1a. FIRST NAME		1b. MIDDLE NAME	1c. LAST NAME
	2. SEX	3. DATE OF BIRTH/DEATH		4. PLACE OF OCCURRENCE (City or County)
	5. NAME OF PARENT / FATHER			6. NAME OF PARENT / MOTHER (LAST NAME PRIOR TO FIRST MARRIAGE (MAIDEN - IF BIRTH RECORD))
<b>STATEMENT OF CORRECTIONS</b>	7. ITEM NUMBER	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE
<b>WHY ARE CORRECTIONS NECESSARY?</b>	9. _____			

I, \_\_\_\_\_, currently residing at \_\_\_\_\_,  
(Print Full Legal Name) (Print Street, City, State, Zip Code)  
 in relation to the person of record being amended, \_\_\_\_\_, certify and declare under penalty of perjury under the laws of  
(Print Relationship)  
 the State of Nevada, that all assertions of this affidavit are true and accurate to the best of my knowledge.

Witness Signature: \_\_\_\_\_  
(Sign in the Presence of a Notary)

State of \_\_\_\_\_,  
 County of \_\_\_\_\_,  
 Signed and sworn (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
 by \_\_\_\_\_.  
(Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

WITNESS my hand and official seal.

\_\_\_\_\_  
(Signature of Notary Public)

# INSTRUCTIONS (PLEASE READ CAREFULLY)

## Who can submit an Affidavit for Correction of a Record?

To correct a **BIRTH CERTIFICATE**, *the witness* signing this affidavit must have a relationship with the person of record as the person whose birth is registered on the certificate, his/her parent, guardian, or a legal representative. Medical information must be by the certifier.

To correct a **DEATH CERTIFICATE**, *the witness* signing this affidavit must have a relationship with the person of record as the funeral director, certifier or informant listed on the certificate. Medical information must be by the certifier.

## What do I need to submit with the Affidavit for Correction of a Record?

Other verifiable evidence (see "Amendment Chart") proving the facts contained in the principal affidavit **OR** a supplemental affidavit (see Guide) executed by a person other than the affiant of this Affidavit for Correction of a Record .

The payment of \$40.00 (includes one certified copy of the corrected certificate). Additional certified copies of a birth certificate or death certificate is \$20.00 each. The payment may be made by check, cashier's check, money order or credit card. Please make your check, cashier's check or money order out to the Nevada Office of Vital Records. To pay by credit card, an Authorization for Credit Cards Use form must be completed and submitted.

**PLEASE NOTE:** The fee for correcting a birth or death record where the correction is filed by a certifier and the State Registrar determines that the correction is not the result of an error by the certifier is \$10.00.

## How do I properly complete the Affidavit for Correction of a Record?

This is a legal document. Please type or print clearly in blue or black ink only. Illegible completion of the form will be returned. Any white outs, cross outs or write overs will not be accepted. The Affidavit for Correction of a Record must be fully completed in order to be processed.

Signature of *the witness* must be notarized. Signatures of a minor will be questioned. The person should be at least 18 years of age to make a correction.

Please complete the section titled "Statement of Corrections" clearly and accurately.

## Where do I send the Affidavit for Correction of a Record and supporting documents?

Division of Public and Behavioral Health  
Office of Vital Records and Statistics  
4150 Technology Way, Suite 104  
Carson City, Nevada 89706

Please allow 2 – 4 weeks to process your request. Any questions regarding correcting a record should be addressed to the Office of Vital Records at the above address, or by calling our office at 775-684-4242. Please provide the name, full address of where the certificate should be mailed to and phone number:

.....  
Name

.....  
Street Address or P.O. Box

.....  
City

State

Zip Code

.....  
Phone Number



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**BIRTH**    **Check One**  
 **DEATH**

Leave Blank

**AFFIDAVIT FOR CORRECTIONS OF A RECORD**

State Affidavit No. \_\_\_\_\_

<b>INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE</b>	1a. FIRST NAME <b>List the Person of Record (POR)</b>		1b. MIDDLE NAME <b>Same as 1 a</b>	1c. LAST NAME <b>Same as 1a</b>	
	2. SEX <b>POR</b>	3. DATE OF BIRTH/DEATH <b>Date of the event</b>	4. PLACE OF OCCURRENCE (City or County) <b>List the city and/or county where the birth or death occurred at</b>		
	5. NAME OF PARENT / FATHER <b>List a parent of the person of record (Must match record)</b>			6. NAME OF PARENT / MOTHER (LAST NAME PRIOR TO FIRST MARRIAGE <b>(MAIDEN - IF BIRTH RECORD)</b> ) <b>List a parent of the person of record (Must match record)</b>	
	7. ITEM NUMBER <b>See Items List</b>	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD <b>List individually the errors on the record</b>		8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE <b>List individually the correct information</b>	
<b>STATEMENT OF CORRECTIONS</b>					
<b>WHY ARE CORRECTIONS NECESSARY?</b>	9. <b>Clearly and concisely explain why the corrections are necessary</b>				

I, Witness print name here, currently residing at Address where you reside or are located at (Not a P.O. Box)  
(Print Full Legal Name) (Print Street, City, State, Zip Code)  
 in relation to the person of record being amended, Listed in the instructions, certify and declare under penalty of perjury under the laws of the State of Nevada, that all assertions of this affidavit are true and accurate to the best of my knowledge.

Witness Signature: Signature of the person listed here  
(Sign in the Presence of a Notary)

State of \_\_\_\_\_, **THIS SECTION IS COMPLETED BY THE NOTARY**  
 County of \_\_\_\_\_,  
 Signed and sworn (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
 by \_\_\_\_\_.  
(Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

WITNESS my hand and official seal.

(Signature of Notary Public)



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**SUPPLEMENTAL AFFIDAVIT (Per NAC 440.030)**

PRINT FULL LEGAL NAME: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, certify and declare under penalty of perjury under the laws of the State of Nevada,  
(Print Name)  
 that I have personal knowledge to attest to the information provided in the primary affidavit for \_\_\_\_\_,  
(Person of Record)  
 and I swear that all the assertions of this affidavit, including my identity, are true and accurate.

My relationship to the person of record is \_\_\_\_\_, and I have this personal knowledge through the  
(Relationship)  
 following course of events: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
(Sign in the Presence of a Notary)

State of \_\_\_\_\_,  
 County of \_\_\_\_\_,

Signed and sworn (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
 by \_\_\_\_\_.  
(Name of person making the statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

WITNESS my hand and official seal.

\_\_\_\_\_  
(Signature of Notary Public)

Reserved for Notary Seal



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**SUPPLEMENTAL AFFIDAVIT (Per NAC 440.030)**

PRINT FULL LEGAL NAME: Full legal name of the person attesting to the information

Physical Address: Physical address or location of the person listed above (Not a P.O. Box)

City: For the person listed above State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: For the person listed above Phone Number: \_\_\_\_\_

I, Same person as listed above, certify and declare under penalty of perjury under the laws of the State of Nevada,  
(Print Name)  
 that I have personal knowledge to attest to the information provided in the primary affidavit for Person whose record is being corrected,  
(Person of Record)  
 and I swear that all the assertions of this affidavit, including my identity, are true and accurate.

My relationship to the person of record is For the person listed above, and I have this personal knowledge through the  
(Relationship)  
 following course of events: Explain in detail HOW you (the person listed above) has personal knowledge of the information being corrected. The personal knowledge must be through firsthand experience. This person cannot be the same person signing the "Affidavit for Correction of a Record" form.

Signature: Signature of the person listed above  
(Sign in the Presence of a Notary)

State of \_\_\_\_\_, **THIS SECTION IS COMPLETED BY THE NOTARY**  
 County of \_\_\_\_\_,

Signed and sworn (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
 by \_\_\_\_\_.  
(Name of person making the statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: \_\_\_\_\_

WITNESS my hand and official seal.

My Commission Expires: \_\_\_\_\_

(Signature of Notary Public)

Reserved for Notary Seal



## DEATH CERTIFICATE AMENDMENT CHART

(NRS 440.155, NAC 440.023, NAC 440.026, NAC 440.030, NAC 440.035, NAC 440.190)

- *Other Verifiable Evidence Accepted* is a document from an independent source containing information that supports/proves the request to correct the death certificate.
- Funeral home vital/personal information sheet will only be accepted if attached to the record PRIOR to registration.
- *Supplemental Affidavit* must be submitted by an individual, other than the person who executed *the Affidavit for Corrections of a Record*, with personal knowledge of the item being amended. This personal knowledge is gained through firsthand experience or observation, through a personal, familial, medical, or a professional relationship with the person of the record being amended.
- Other documentation, not listed below, may be considered as *Other Verifiable Evidence*; however, **ALL** documents are subject to approval by the Office of Vital Records.
- Documentation showing cross-outs, white-outs, or alterations of any kind will not be accepted as *Other Verifiable Evidence*.

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
<b><u>Deceased Name (First, Middle, Last, Suffix)</u></b>	<ul style="list-style-type: none"> <li>• Court Order</li> </ul>	<ul style="list-style-type: none"> <li>• Certified Court Order</li> </ul>	No
Deceased Listed on the Death Certificate	<ul style="list-style-type: none"> <li>• <i>Affidavit for Correction of a Record</i> accepted <b>only</b> when an error can be proven</li> </ul>	<ul style="list-style-type: none"> <li>• Funeral home vitals/personal information worksheet signed by the informant and a photo identification of the decedent</li> <li>• Birth Certificate</li> </ul>	No
<b><u>Date of Death</u></b>	<ul style="list-style-type: none"> <li>• <i>Affidavit for Correction of a Record</i> from the Certifier</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
<u>County of Death</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>City, Town, or Location of Death</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Hospital or Other Institution-Name (if not either, give street)</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>If Hospital, or Institution indicate DOA, OP/Emer. Rm., Inpatient (Specify)</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Sex</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> <li>Funeral home vitals/personal information worksheet signed by the informant</li> <li>Birth Certificate</li> <li>Letter from a Healthcare professional dated PRIOR to the date of death</li> <li>Photo identification issued by Federal/State/County agency with sex/gender listed</li> </ul>	Yes

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
<u>Race (Specify)</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Funeral home vitals/personal information worksheet signed by the informant</li> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Ethnicity</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Funeral home vitals/personal information worksheet signed by the informant</li> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Under 1 year (Mos/Days)</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Birth Certificate</li> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Under 1 Day (Hours/Mins)</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Birth Certificate</li> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Date of Birth (Mo/Day/Yr)</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Birth Certificate</li> <li>Certificate of Naturalization</li> <li>Funeral home vitals/personal information worksheet signed by the informant</li> </ul>	Yes
<u>State of Birth (If not the US/CA, name country)</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Birth Certificate</li> <li>Certificate of Naturalization</li> <li>Funeral home vitals/personal information worksheet signed by the informant</li> </ul>	Yes

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
<u>Citizen of What Country</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Funeral home vitals/personal information worksheet signed by the informant</li> <li>Birth Certificate</li> <li>Certificate of Naturalization</li> </ul>	Yes
<u>Education</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Diploma</li> <li>Transcripts</li> <li>Funeral home vitals/personal information worksheet signed by the informant</li> </ul>	Yes
<u>Marital Status (Specify)</u>	<ul style="list-style-type: none"> <li>Court Order</li> </ul>	<ul style="list-style-type: none"> <li>Certified Court Order</li> </ul>	No
<u>Surviving Spouse's Name (Last name prior to first marriage)</u>	<ul style="list-style-type: none"> <li>Court Order</li> </ul>	<ul style="list-style-type: none"> <li>Certified Court Order</li> </ul>	No
	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record accepted <b>only</b> when an error can be proven</li> </ul>	<ul style="list-style-type: none"> <li>Funeral home vitals/personal information worksheet signed by the informant and a photo identification of the decedent</li> <li>Birth certificate of surviving spouse</li> <li>Surviving spouse hospital birth records</li> <li>Surviving spouse's child's birth certificate showing the last name prior to FIRST marriage</li> </ul>	No
<u>Social Security Number</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Social security card/documents</li> <li>Funeral home vitals/personal information worksheet signed by the informant</li> </ul>	Yes

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
<b><u>Usual Occupation</u></b> <b><u>(Give kind of work done during most of)</u></b>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Personnel documentation from employer</li> </ul>	Yes
<b><u>Kind of Business or Industry</u></b>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Personnel documentation from employer</li> <li>W-2</li> <li>Paystub</li> </ul>	Yes
<b><u>Ever in US Armed Forces</u></b>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Military enrollment/discharge documents</li> <li>Military Identification Card</li> </ul>	Yes
<b><u>Residence:</u></b> <ul style="list-style-type: none"> <li><u>State</u></li> </ul>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Utility Bill or Financial Statement supporting residency at time of death, listing decedent</li> </ul>	Yes
<ul style="list-style-type: none"> <li><u>County</u></li> </ul>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Utility Bill or Financial Statement supporting residency at time of death, listing decedent</li> </ul>	Yes
<ul style="list-style-type: none"> <li><u>City, Town, or Location</u></li> </ul>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Utility Bill or Financial Statement supporting residency at time of death, listing decedent</li> </ul>	Yes
<ul style="list-style-type: none"> <li><u>Street and Number</u></li> </ul>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Utility Bill or Financial Statement supporting residency at time of death, listing decedent</li> </ul>	Yes

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
<ul style="list-style-type: none"> <li>• <u>Inside City Limits</u></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>• Utility Bill or Financial Statement supporting residency at time of death, listing decedent</li> </ul>	Yes
<u>Father/Parent Name</u> (First, Middle, Last, Suffix)	<ul style="list-style-type: none"> <li>• Court Order</li> </ul>	<ul style="list-style-type: none"> <li>• Certified Court Order</li> </ul>	No
	<ul style="list-style-type: none"> <li>• <i>Affidavit for Correction of a Record</i> accepted <b>only</b> when an error can be proven</li> </ul>	<ul style="list-style-type: none"> <li>• Funeral home vitals/personal information worksheet signed by the informant</li> <li>• Birth certificate of decedent listing the father</li> </ul>	No
<u>Mother/Parent Name</u> (First, Middle, Last, Suffix)	<ul style="list-style-type: none"> <li>• Court Order</li> </ul>	<ul style="list-style-type: none"> <li>• Certified Court Order</li> </ul>	No
	<ul style="list-style-type: none"> <li>• <i>Affidavit for Correction of a Record</i> accepted <b>only</b> when an error can be proven</li> </ul>	<ul style="list-style-type: none"> <li>• Funeral home vitals/personal information worksheet signed by the informant</li> <li>• Birth certificate of decedent listing the mother</li> </ul>	No
<u>Informant</u>	<ul style="list-style-type: none"> <li>• <i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>• Funeral home vitals/personal information worksheet signed by the informant and their photo identification</li> </ul>	Yes

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
<u>Mailing Address</u> <ul style="list-style-type: none"> <li>• <u>Street</u></li> <li>• <u>R.F.D No</u></li> <li>• <u>City or Town</u></li> <li>• <u>State</u></li> <li>• <u>Zip</u></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>• Utility Bill</li> <li>• Photo Identification issued by Federal/State/County agency</li> </ul>	Yes
<u>Burial, Cremation, Removal, Other (Specify)</u>	<ul style="list-style-type: none"> <li>• <i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>• Funeral home vitals/personal information worksheet signed by the informant</li> <li>• Release/Burial Authorization form</li> </ul>	Yes
<u>Cemetery or Crematory Name</u>	<ul style="list-style-type: none"> <li>• <i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>• Funeral home vitals/personal information worksheet signed by the informant</li> <li>• Release/Burial Authorization form</li> </ul>	Yes
<u>Location</u> <ul style="list-style-type: none"> <li>• <u>City or Town</u></li> <li>• <u>State</u></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>• Funeral home vitals/personal information worksheet signed by the informant</li> <li>• Release/Burial Authorization form</li> </ul>	Yes
<u>Funeral Director Signature (Or Person Acting as Such)</u>	<ul style="list-style-type: none"> <li>• <i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>• Funeral Director License</li> </ul>	Yes
<u>Funeral Director License Number</u>	<ul style="list-style-type: none"> <li>• <i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>• Funeral Director License</li> </ul>	Yes

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
<u>Name and Address of Facility</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Funeral Director License</li> </ul>	Yes
<u>Trade Call - Name and Address</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Funeral home release documents</li> </ul>	Yes
<u>Certifier</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report showing attendance at time of death</li> </ul>	Yes
<u>Date Affidavit was Signed</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Date signed MUST match the date the affidavit was signed</li> </ul>	N/A
<u>Hour of Death</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Name of Attending Physician if other than Certifier</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Medical Record showing attendance at time of death</li> </ul>	Yes



Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
<u>Pronounced Death (Mo/Day/Yr)</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Pronounced Dead At (Hour)</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Name and Address of Certifier (Physician, Attending Physician, Medical Examiner, or Coroner)</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	Copy of Medical License	Yes
<u>License Number</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Copy of Medical License</li> </ul>	Yes
<u>Death Due to Communicable Disease</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Cause of Death Immediate Cause (a)</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
<u>Due to, or as Consequence of (b-d)</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Interval between onset and death (a-d)</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Other Significant Conditions</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Medical Record or Coroner/Medical Examiner Report</li> </ul>	Yes
<u>Autopsy</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Autopsy Report</li> </ul>	Yes
<u>Was Case Referred to Coroner</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Coroner/Medical Examiner Report</li> <li>Sheriff's Report</li> </ul>	Yes
<u>Manner of Death: Acc, Suicide, Home, Undet, or Pending Investigation</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Coroner/Medical Examiner Report</li> <li>Sheriff's Report</li> </ul>	Yes
<u>Date of Injury (Mo/Day/Yr)</u>	<ul style="list-style-type: none"> <li>Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>Coroner/Medical Examiner Report</li> <li>Sheriff's Report</li> </ul>	Yes

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
<u>Hour of Injury</u>	<ul style="list-style-type: none"> <li>• Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>• Coroner/Medical Examiner Report</li> <li>• Sheriff's Report</li> </ul>	Yes
<u>Describe How Injury Occurred</u>	<ul style="list-style-type: none"> <li>• Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>• Coroner/Medical Examiner Report</li> <li>• Sheriff's Report</li> </ul>	Yes
<u>Describe How Injury Occurred</u>	<ul style="list-style-type: none"> <li>• Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>• Coroner/Medical Examiner Report</li> <li>• Sheriff's Report</li> </ul>	Yes
<u>Injury at Work (Specify)</u>	<ul style="list-style-type: none"> <li>• Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>• Coroner/Medical Examiner Report</li> <li>• Sheriff's Report</li> </ul>	Yes
<u>Place of Injury (At home, farm, street, factory, office building, etc.)</u>	<ul style="list-style-type: none"> <li>• Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>• Coroner/Medical Examiner Report</li> <li>• Sheriff's Report</li> </ul>	Yes
<u>Location</u> <ul style="list-style-type: none"> <li>• <u>Street</u></li> <li>• <u>R.F.D No</u></li> <li>• <u>City or Town</u></li> <li>• <u>State</u></li> </ul>	<ul style="list-style-type: none"> <li>• Affidavit for Correction of a Record</li> </ul>	<ul style="list-style-type: none"> <li>• Coroner/Medical Examiner Report</li> <li>• Sheriff's Report</li> </ul>	Yes

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
<u>AKA</u> <u>(Also Known As)</u>	<ul style="list-style-type: none"> <li><i>Affidavit for Correction of a Record</i></li> </ul>	<ul style="list-style-type: none"> <li>Photo Identification issued by Federal/State/County Agency</li> </ul>	Yes

Division of Public and Behavioral Health  
Office of Vital Records and Statistics  
4150 Technology Way, Suite 104  
Carson City, Nevada 89706  
(775) 684-4242

(Rev 07/16/2018)

**Death Certificate Item Numbers**  
**For Affidavit for Corrections of a Record Form**

1a.	Deceased Name	20a.	Funeral Director
2.	Date of Death	20b.	Funeral Director License Number
3a.	County of Death	20c.	Name and Address of Facility (Funeral Director)
3b.	City, Town or Location of Death	21a.	Certifying Physician or Advanced Practice Registered Nurse
3c.	Hospital or Other Institution	21b.	Date Signed
3e.	If Hospital or Other Institution Indicate	21c.	Hour of Death
4.	Sex	21d.	Name of Attending Physician if Other Than Certifier
5.	Race	22a.	Certifying Coroner or Medical Examiner
6.	Hispanic Origin?	22b.	Date Signed
7a.	Age	22c.	Hour of Death
7b.	Under 1 year	22d.	Pronounced Dead Date
7c.	Under 1 day	22e.	Pronounced Dead Time
8.	Date of Birth	23a.	Name and Address of Certifier
9a.	State of Birth	23b.	License Number (Certifier)
9b.	Citizen of What Country	24a.	Registrar Signature
10.	Education	24b.	Date Received by Registrar
11.	Marital Status	24c.	Death Due to Communicable Disease
12.	Surviving Spouse	25a.	Immediate Cause
13.	Social Security Number	25b.	Due To, Or As a Consequence Of
14a.	Usual Occupation	25c.	Due To, Or As a Consequence Of
14b.	Kind of Business or Industry	25d.	Due To, Or As a Consequence Of
	Ever in US Armed Forces	Part II	Other Significant Conditions
15a.	Residence – State	26.	Autopsy
15b.	County	27.	Was Case Referred to Coroner
15c.	City, Town or Location	28a.	Manner of Death (Accident, Suicide, Homicide, Natural, Natural with Injury, Undetermined or Pending Investigation)
15d.	Street and Number	28b.	Date of Injury
15e.	Inside City Limits	28c.	Hour of Injury
16.	Father / Parent Name	28d.	Describe How Injury Occurred
17.	Mother / Parent Name	28e.	Injury at Work
18a.	Informant – Name	28f.	Place of Injury
18b.	Mailing Address (Informant)	28g.	Location (Street, City or Town & State)
19a.	Burial, Cremation, Removal or Other		
19b.	Cemetery or Crematory – Name		
19c.	Location City or Town & State (Cemetery or Crematory)		

State of Nevada



Division of Public and Behavioral Health  
 Bureau of Preparedness, Assurance, Inspections and Statistics  
 Office of Vital Records and Statistics  
 4150 Technology Way, Suite 104  
 Carson City, Nevada 89706  
 Telephone (775) 684-4242  
<http://dpbh.nv.gov>

**APPLICATION FOR A CERTIFIED DEATH CERTIFICATE COPY OR VERIFICATION**

<b>Number of Copies</b>	<b>FEE FOR A CERTIFIED DEATH CERTIFICATE COPY</b>
	\$20.00 per certificate
<b>X</b>	<b>TYPE OF CERTIFICATE</b> <i>(Please check one type box below)</i>
	Certificate(s) to read as "Mother / Father"
	Certificate(s) to read as "Parent / Parent"
<b>X</b>	<b>VERIFICATION ONLY</b>
	Verifies the existence of a record with the State of Nevada and does not include a certified copy.
	Search/Verification - \$10.00 per search / verification

**A COPY OF THE APPLICANT'S PHOTO IDENTIFICATION AND FULL PAYMENT IS REQUIRED FOR ALL REQUESTS. PROOF OF RELATIONSHIP IS REQUIRED FOR CERTIFICATE REQUESTS.** Make payment payable to: Office of Vital Records. Checks, money orders and credit cards are accepted. Please include an Authorization for Credit Card Use form if paying by credit card.

**Name of the Person on the Certificate:**

<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Date of Death</b>	<b>County of Death</b>	<b>Social Security Number</b>
<b>Parent's First and Last Name</b>	<b>Parent's First and Last Name</b>	<b>Last Name(s) Prior to First Marriage</b>
<b>Funeral Home / Mortuary in Charge of Arrangements</b>		

NRS 440.650 and NAC 440.070 requires the applicant 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 certificate. Please provide proof such as a birth certificate or court order, unless the applicant is the informant, listed surviving spouse or a parent listed on the certificate. **The request will be rejected if sufficient proof is not provided.** Visit our website listed above for more information regarding proof required.

<b>Relationship and Reason for Request</b>
--

<b>Applicant's Printed Name</b>	<b>Applicant's Signature</b>
<b>Applicant's Address</b>	<b>Applicant's Phone Number</b>

<b>FOR OFFICE USE ONLY</b>	
<b>Receipt number:</b> _____	<b>Date:</b> _____