



APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

This office has been registering births for persons born in Nebraska since **1904**.

PLEASE TYPE OR PRINT LEGIBLY

Full name at birth _____
(If adopted, list adoptive name)

Month, day, and year of birth _____

City or town of birth _____ County of birth _____

Father's full name _____
(If adopted, list adoptive father's name)

Mother's full maiden name _____
(If adopted, list adoptive mother's name)

Is this the record of an adopted person? ☐ Yes ☐ No

For what purpose is this record to be used? _____

If this is not your record, how are you related to the person named on the record? _____

Delayed Birth Certificate - Legislation passed in 1941 provides for the filing of delayed birth certificates for persons who were born prior to 1904 OR for persons whose births were not recorded at the time of birth.

Is this a delayed birth certificate? ☐ Yes ☐ No

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.

SIGNATURE OF REQUESTOR _____

Type or print name _____

Street Address _____

City, State, Zip _____

Telephone Number: _____

Today's Date _____

(Please enclose a photocopy of your photo ID [i.e. current driver's license] when mailing in this request).

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 \$12.00 each = \$ _____ Total
(Please make checks payable to Vital Records)

Mail to:
Vital Records
PO Box 95065
Lincoln, NE 68509-5065
(Please enclose a stamped, self-addressed business size envelope.)

Bring to:
Vital Records
1033 O Street, Suite 130
Lincoln, NE 68508-3621

FOR OFFICE USE ONLY

☐ Check ☐ MO ☐ Cash

Amount Received _____

Date Received _____

By Whom Received _____

PROOF OF IDENTIFICATION;

DL STATE ID OTHER