Nebraska Department of Health and Human Services Application for Certified Copy of Birth Certificate

Good Life. Great Mission.

NEBRASKA

The Office of Vital Records 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/Parent name at birth			
Mother/Parent name at birth			
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 reco (If this is not yourself or your child's record, then proof of relationship will need			
Delayed Birth Certificate - Legislation passed in 1941 provides for the filing of prior to 1904 OR for persons whose births were not recorded at the time of births		tificates for pers	ons who were born
Is this a delayed birth certificate? □ Yes □ No			
WARNING : Section 71-649, Nebraska Revised Statutes: It is a felony to obtain record for purposes of deception.			
SIGNATURE OF REQUESTOR	FOR OFFICE L		
Type or Print Name			□ Cash
Street Address	_		
City, State, Zip			
Daytime Telephone Number	Date Received By Whom Received		
Email Address	PROOF OF IDENTIFICATION;		
Today's Date	DL	STATE ID	OTHER
(Please enclose a <u>photocopy</u> of your photo ID [i.e. current driver's license] when mailing in this request).			
(Please make checks payable to Vital Records)			
Only exact amount will be accepted.			
Number of certified copiesx \$17.00 each = \$Total			
Mail to: Vital Records PO Box 95065 Lincoln, NE 68509-5065			
(Please enclose a stamped, self-addressed business size envelope)			