

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

This office has been registering deaths occurring in Nebraska since 1904.

PLEASE TYPE OR PRINT LEGIBLY

Full name of deceased _____
(If female, list married name or any other name decedent may have used)

City or town of death _____ County of death _____
(If exact place of death is not known, list last known address)

Month, day, and year of death _____
(If exact date of death is unknown, list date decedent was last known to 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 optional information to assist our office in locating and identifying the requested record:

Year of birth _____ Birthplace _____

Spouse's full name _____ Home address _____

Father's full name _____

Mother's full maiden 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.

SIGNATURE _____

Type or print name _____

Mailing Address _____

City, State, Zip _____

Today's Date _____

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

(Please make checks payable to Vital Records)

FOR OFFICE USE ONLY		
<input type="checkbox"/> Check	<input type="checkbox"/> MO	<input type="checkbox"/> Cash
Amount Received _____		
Date Received _____		
By Whom Received _____		
PROOF OF IDENTIFICATION: _____ _____		

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 \$7.00 each - \$** _____ **Total**

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
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