



APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

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'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 _____
Daytime Telephone Number: _____
Email Address: _____
Today's Date _____

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

| | | |
|---------------------------------|-----------------------------|-------------------------------|
| 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: | | |
| DL | STATE ID | OTHER |
| _____ | | |

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 \$17.00 each = \$ _____ Total
(Please make checks payable to Vital Records)

| | |
|--|---|
| Mail to: Vital Records PO Box 95065 Lincoln, NE 68509-5065 | Bring to: Vital Records 1033 O Street, Suite 130 Lincoln, NE 68508-3621 |
|--|---|

(Please enclose a stamped, self-addressed business size envelope.)