

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(s) 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? (If this is not the informant or spouse's record, then proof of relationship will need to be provided)

For what purpose is this record to be used?

The information in this section is needed in order to do a thorough search in locating and identifying the requested record:

Year of birth Birthplace

Spouse's full name Home address

Father/Parent's full name

Mother/Parent's full 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

Daytime Telephone Number

Email Address

(Please enclose a photocopy 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 copies x \$16.00 each = \$ Total

Mail to: Vital Records PO Box 95065 Lincoln, NE 68509-5065

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

FOR OFFICE USE ONLY

Check MO Cash

Amount Received

Date Received

By Whom Received

PROOF OF IDENTIFICATION;

DL STATE ID OTHER