

## 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 birthCounty 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?	
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?
<b>Delayed Birth Certificate</b> - Legislation passed in 1941 provides for the fi born prior to 1904 OR for persons whose births were not recorded at the	
Is this a delayed birth certificate? ☐ Yes ☐ No	
<b>WARNING</b> : Section 71-649, Nebraska Revised Statutes: It is a attempt to obtain any vital record for purposes of deception.	felony to obtain, possess, use, sell, furnish, or
SIGNATURE OF REQUESTOR	FOR OFFICE USE ONLY
Type or print name	☐ Check ☐ MO ☐ Cash
Street Address	Amount Received
City, State, Zip	Date Received
Telephone Number:	By Whom Received
Today's Date	PROOF OF IDENTIFICATION;
(Please enclose a <u>photocopy</u> of your photo ID [i.e. current driver's license] when mailing in this request).	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 \$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	

