

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? _____

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's full name _____

Mother'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.

PLEASE ENCLOSE A PHOTOCOPY OF YOUR PHOTO ID (i.e., DRIVER'S LICENSE) WHEN MAILING IN THIS REQUEST.

SIGNATURE _____

Type or print name _____

Mailing Address _____

City, State, Zip _____

Daytime Telephone Number _____

Email Address _____

FOR OFFICE USE ONLY

Check MO 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 \$16.00 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.)