NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services

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/Parent name at birth _____
(If adopted, list adoptive father's/parent's name)

Mother/Parent name at birth _____
(If adopted, list adoptive mother's/parent'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? _____
(If this is not yourself or your child's record, then proof of relationship will need to be provided)

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).

(Please make checks payable to Vital Records)

Only exact amount will be accepted.

Number of certified copies_____ x $17.00 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

_____