

# 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? \_\_\_\_\_

**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**

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 \$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.)