



To Create (File) a Birth Record for a Nevada Homebirth Certificate of Birth State of Nevada, Office of Vital Records NRS 440.280 and NAC 440

This Packet is to aid in the process of filing for a Nevada Homebirth Certificate of Birth. The requirements and process to file a Nevada Homebirth are as follows:

What is a Nevada Homebirth?

A homebirth means the birth of a child outside of a hospital when the mother and child are not transported to a hospital within 8 hours thereafter.

Who May Apply for the Filing of a Nevada Homebirth?

In this specific order:

- ✓ The physician in attendance at or immediately after the birth; or
- ✓ Any other person in attendance at or immediately after the birth; or
- ✓ The father, mother or, if the father is absent and the mother is incapacitated, the person in charge of the premises where the birth occurred.

Midwives:

- ✓ Midwives should enter the personal and medical information into the Electronic Birth Registry System (EBRS). If not applicable, or unable to do so, filing will need to follow the process in this guideline.

First Step - Is to obtain a verification from the State or Local Registrar that a current registered birth record does not exist within the State of Nevada. The enclosed application should be used to request the verification and may also be used to order copies of certified birth certificates.

Four (4) Facts Need to be Established (Proven) in Order to File:

- ✓ The parentage of the child; and
- ✓ That a pregnancy occurred; and
- ✓ That a live birth occurred; and
- ✓ That the homebirth occurred in Nevada

The Facts Listed Above) and Worksheets Must be Included in the Packet:

- **Parentage:**
 - For Mother
 - A current and valid photo identification; AND
 - A completed Witness information form (Affidavits to Establish Facts of Birth) provided by the State Registrar.



○ For Father- If Listed

- A current and valid photo identification; AND
- A completed Witness information form (Affidavits to Establish Facts of Birth) provided by the State Registrar. AND
- A copy of a marriage certificate to the Listed mother OR
- A Declaration of Paternity completed at the Southern Nevada Health District in Las Vegas NV, or Office of Vital Records in Carson City NV OR
- A Certified Copy of a Court Order

✓ That a pregnancy occurred (one of the following is required):

- Prenatal health care records; OR
- A Witness Affidavit (enclosed) from a licensed physician, public health nurse or other qualified health care provider who consulted the applicant during the pregnancy; OR
 - An ultrasound performed on the applicant during the pregnancy.

✓ That a live birth occurred (one of the following is required):

- A Witness Affidavit (enclosed) from a licensed physician, public health nurse or other qualified health care provider who witnessed or examined the child within 14 days of the birth; OR
- An appointment in person with the State Registrar or a local registrar of vital statistics with the parent and child present.

✓ That the homebirth occurred in Nevada (one of the following is required):

- A utility bill showing residency of the parent in this State at the time of birth that also displays the parent's name; OR
- A statement which shows a credit or debit card transaction completed by the parent and which includes the date and location of the transaction. The transaction must have been completed in this State.

✓ Worksheets (both of the following are required and must be completed in full):

- The Mother's Worksheet; AND
- Facility Worksheet.

The Following are Guidelines for all Documents Provided:

- Any documents submitted as evidence of a homebirth must be authenticated as being an original document or a copy of a verifiable document; and
- Documents that show erasures or alterations will not be accepted.

When any Affidavit is Submitted:

- Must be completed in its entirety by a qualified person; and
- This document must be notarized.
- This is a legal document. Please type or print clearly in blue or black ink only. Illegible completion of the form will be returned.
- Any white outs, cross outs or write overs will not be accepted.
- Signatures of a minor will be questioned. The person should be at least 18 years of age.



When not Married, How to Add a Father to the Birth Certificate

- A Declaration of Paternity form must be completed and witnessed by a Midwife; or
- A Declaration of Paternity form must be completed and witnessed at the Southern Nevada Health District in Las Vegas or The Office of Vital Records in Carson City (both parents must be present whether together or separate).

Fees:

- Verification/ Search: \$10.00 per search / verification
- Certified copies of a birth certificate: \$25.00 EACH.
- Total: \$35.00

Apply in Person or Via Regular Mail:

Division of Public and Behavioral Health
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706



APPLICATION FOR A CERTIFIED COPY OF BIRTH CERTIFICATE OR VERIFICATION

Number of Copies	CERTIFIED COPY OF BIRTH CERTIFICATE FEE:
	\$25.00 per Certificate
X	TYPE OF CERTIFICATE <i>(Please check one type box below)</i>
	Certificate(s) to read as "Mother / Father"
	Certificate(s) to read as "Parent / Parent"
X	VERIFICATION ONLY <i>(Verifies the existence of a record with the State of Nevada and does not include a certified copy.)</i>
	Search/Verification - \$10.00 per search /verification

MAKE PAYMENT PAYABLE TO: Office of Vital Records. Checks, money orders and credit cards are accepted. Please include the "Authorization for Credit Card Use" form and the card holder's identification if paying by credit card. **CASH FOR WALK-IN CUSTOMERS ONLY.**

A COPY OF THE APPLICANT'S PHOTO IDENTIFICATION AND FULL PAYMENT IS REQUIRED FOR ALL REQUESTS. PROOF OF RELATIONSHIP IS REQUIRED FOR CERTIFICATE REQUESTS.

Name of the Person on the Certificate

First	Middle	Last
Date of Birth	County of Birth	State of Birth
Mother/Parent 1's First and Last Name	Father/Parent2's First and Last Name	Mother/Parent 1's Last Name(s) Prior to 1st Marriage

NRS 440.650 and NAC 440.070 requires the applicant to establish a direct relationship by blood or marriage, a legal relationship or a need to facilitate a legal process to receive a certified copy of a certificate. Below, indicate your relationship or your legal need for this certificate. Please provide proof such as a birth certificate or court order. Unless the applicant is the informant, listed surviving spouse, or a parent listed on the certificate, **the request will be rejected if sufficient proof is not provided.** Visit our website listed below for more information regarding proof required.

Relationship and Reason for Request
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Applicant's Printed Name	Applicant's Signature
Applicant's Address (Street, City, State & ZIP)	Applicant's Phone Number

FOR OFFICE USE ONLY	
Receipt/Applicant ID Number:	Date:



APPLICATION FOR HOME BIRTH OR DELAYED CERTIFICATE OF BIRTH

Completed by Parent(s)

CHILD NAME	First Name	Middle Name		Last Name
	Date of Birth	Time of Birth	Sex	Place of Birth (County)
LOCATION OF BIRTH	Hospital/Facility Name		Place of Birth Location (Address, City, State, & ZIP Code)	

PARENT(S)	Mother/Parent 1's First Name	Middle Name	Last Name	
	Mother/Parent 1's Last Name Prior To First Marriage		Place of Birth (State or Country)	
	Date of Birth	Mother/Parent 1's Address (Street, City, State, ZIP Code)		
	Father / Parent 2's First Name	Middle Name	Last Name	
	Place of Birth (State or Country)	Date of Birth	Father/Parent 2's Address (Street, City, State & ZIP Code)	

APPLICANT	First Name	Middle Name	Last Name
	Phone Number	Applicant Address (Street, City, State & ZIP Code)	

I, _____ (applicant's full name) _____ (Relationship to child) hereby attest that, _____ (child's first, middle and last name) was born in the State of Nevada on _____ (child's date of birth). I do not know of or believe that a birth record has been issued in Nevada, another state or another country for this child. I do hereby attest that is information is true, accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil or criminal liability.

Signature of Applicant

Date



AFFIDAVIT TO ESTABLISH BIRTH FACTS

Completed By Each Parent

CHILD'S FACTS OF BIRTH	First Name		Middle Name	1c. Last Name
	Sex	Date of Birth	Place of Birth (City, County, And State)	
PARENTAGE	Mother/Parent 1's First Name		Middle Name	Last Name
	Date of Birth	Place of Birth (State or Country)	Mother / Parent 1's Last Name Prior To First Marriage	
	Father/Parent 2's First Name		Middle Name	Last Name
	Date of Birth	Place of Birth (State or Country)		

I, _____, (print full legal name) certify and declare under penalty of perjury under the laws of the State of Nevada, that all the information on this affidavit is true and accurate to the best of my knowledge.

Please state your relationship to the child and explain why you know and remember the date.

Signature: _____
(Sign in the Presence of a Notary)

State of _____,

County of _____,

Signed and sworn (or affirmed) before me on this _____ day of _____, 20_____, by

(Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: _____

My Commission Expires: _____

WITNESS my hand and official seal.

(Signature of Notary Public)

Reserved for Notary Seal



AFFIDAVIT TO ESTABLISH BIRTH FACTS

Completed By Each Parent

CHILD'S FACTS OF BIRTH	First Name		Middle Name	1c. Last Name
	Sex	Date of Birth	Place of Birth (City, County, And State)	
PARENTAGE	Mother/Parent 1's First Name		Middle Name	Last Name
	Date of Birth	Place of Birth (State or Country)	Mother / Parent 1's Last Name Prior To First Marriage	
	Father/Parent 2's First Name		Middle Name	Last Name
	Date of Birth	Place of Birth (State or Country)		

I, _____ (print full legal name), certify and declare under penalty of perjury under the laws of the State of Nevada, that all the information on this affidavit are true and accurate to the best of my knowledge. Please state your relationship to the child and explain why you know and remember the date:

Signature: _____
(Sign in the Presence of a Notary)

State of _____,

County of _____,

Signed and sworn (or affirmed) before me on this _____ day of _____, 20_____, by

(Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: _____

My Commission Expires: _____

WITNESS my hand and official seal.

(Signature of Notary Public)

Reserved for Notary Seal



WITNESS AFFIDAVIT

Complete by a Medical Provider ***Before*** Birth of Child

First Name	Middle Name	Last Name	
Physical Address			
City		State	ZIP
Email Address		Phone Number	

Name of Person of Record	Relationship to Person of Record

I, _____, (print first, middle and last name) certify and declare under penalty of perjury under the laws of the State of Nevada, that all the information on this affidavit are true and accurate (write your statement on the lines provided below).

(Sign in the Presence of a Notary)

State of _____,
County of _____,

Signed and sworn (or affirmed) before me on this _____ day of _____, 20_____, by

(Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: _____
My Commission Expires: _____

WITNESS my hand and official seal.

(Signature of Notary Public)

Reserved for Notary Seal



WITNESS AFFIDAVIT

Complete by a Medical Provider **After** Birth of Child

First Name	Middle Name	Last Name	
Physical Address			
City		State	ZIP
Email Address		Phone Number	

Name of Person of Record	Relationship to Person of Record

I, _____, (print first, middle and last name) certify and declare under penalty of perjury under the laws of the State of Nevada, that all the information on this affidavit are true and accurate (write your statement on the lines provided below).

(Sign in the Presence of a Notary)

State of _____,
County of _____

Signed and sworn (or affirmed) before me on this _____ day of _____, 20_____, by

(Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant’s signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: _____
My Commission Expires: _____

WITNESS my hand and official seal.

(Signature of Notary Public)

Reserved for Notary Seal

Mother/Parent Medical Record

FOR HOSPITAL USE ONLY

BIRTH CERTIFICATE WORKSHEET

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. This document will be used by your child throughout his/her life. State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child.

It is very important to provide complete and accurate information to the questions. In addition to information used for legal purposes, statistical data from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as parent's education, race, WIC, and smoking will be used for studies or to prepare program budgets. All data provided for studies does not include any personally identifying information like name, address, social security number or phone number.

Section 1: Child's Information

Medical Record Numbers	Infant Medical Record Number	Mother's Medical Record Number
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Child's Information	First Name	Middle Name	Last Name	Suffix
	Requested Social Security Number?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2: Mother/Parent 1 Information

Mother/ Parent 1 Information	First Name	Middle Name	Last Name		Suffix
	Last Name Prior to First Marriage				Suffix Prior to First Marriage
	Date of Birth	Age	Sex	Country of Birth	State of Birth

Sexual Orientation/ Gender Identity	<p>What sex were you assigned on your original birth certificate?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose</p>
	<p>How do you describe yourself?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Man/Trans Male</p> <p><input type="checkbox"/> Transgender Woman/Trans Female</p> <p><input type="checkbox"/> Genderqueer/Gender Non-Conforming <input type="checkbox"/> Different Identity</p> <p><input type="checkbox"/> Prefer not to disclose</p> <p><input type="checkbox"/> If Different, Please Specify: _____</p>
	<p>Which best represents your sexual orientation identity?</p> <p><input type="checkbox"/> Straight or Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Not Listed <input type="checkbox"/> Prefer not to disclose</p> <p><input type="checkbox"/> If Different, Please Specify: _____</p>

Residence Information	Street Address				Apt#
	City	State	Zip Code	Country	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No

Mailing Information	Street Address		Apt#	County	
	City	State	Zip Code	Country	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No

Demo-graphics	Education <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th thru 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associate degree (AA, AS) <input type="checkbox"/> Bachelor's degree (BA, AB, BS) <input type="checkbox"/> Master's degree (MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (PhD, EdD, MD, DDS, DVM, LLB, JD)	Education Years Completed
	Usual Occupation (Do Not Use Retired)	
	Kind of Industry or Business (Not Company Name)	

Social Security Number				-				-				
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Race	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese	<input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Middle Eastern <input type="checkbox"/> North African	<input type="checkbox"/> Native American List Specific Tribe: _____ <input type="checkbox"/> Other Asian List Asian Descent: _____ <input type="checkbox"/> Other Pacific Islander List Pacific Islander: _____ <input type="checkbox"/> Other Descent List Other Descent: _____ <input type="checkbox"/> Refused <input type="checkbox"/> Unknown
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Ethnicity	Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Cuban <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Mexican <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Other <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Puerto Rican <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	List Other: _____

Marital Status	Mother Ever Married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Mother/Parent Married at Birth, Conception or between? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	Is Husband/Parent the Father? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable	Will Father/Parent Sign Affidavit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not Applicable

Assisted Conception	Is the Carrier? <input type="checkbox"/> Intended Mother <input type="checkbox"/> Surrogate	Egg is From: <input type="checkbox"/> Donor Egg <input type="checkbox"/> Intended Mother <input type="checkbox"/> Surrogate Egg
	Sperm is From: <input type="checkbox"/> Donor Sperm <input type="checkbox"/> Intended Father	Required Documentation: <input type="checkbox"/> Agreement <input type="checkbox"/> Court Order <input type="checkbox"/> Declaration of Paternity <input type="checkbox"/> None

Tobacco Use	Tobacco Use? <input type="checkbox"/> Yes <input type="checkbox"/> No Units: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Packs	Prior Pregnancy - Cigarettes	Prior Pregnancy - Packs
		First Trimester – Cigarettes	First Trimester – Packs
		Second Trimester – Cigarettes	Second Trimester – Packs
		Last Trimester – Cigarettes	Last Trimester – Packs

Alcohol Use	Alcohol Use During Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Drinks Per Week: _____
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Drug Use	Drug Use During Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prescription <input type="checkbox"/> OTC <input type="checkbox"/> Other	Other Drug:
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WIC	Did you receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No (This is used to determine funding for the WIC program only. No personally identifying information is shared – EVER!)
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Height _____ Feet _____ Inches	Pre-pregnancy Weight _____ Pounds
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Section 3: Father/Parent 2 Information

Father/ Parent 2 Information	First Name	Middle Name		Last Name	Suffix
	Date of Birth	Age	Sex	Country of Birth	State of Birth

Sexual Orientation/ Gender Identity	What sex were you assigned on your original birth certificate? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
	How do you describe yourself? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Man/Trans Male <input type="checkbox"/> Transgender Woman/Trans Female <input type="checkbox"/> Genderqueer/Gender Non-Conforming <input type="checkbox"/> Different Identity <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> If Different, Please Specify: _____
	Which best represents your sexual orientation identity? <input type="checkbox"/> Straight or Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Not Listed <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> If Different, Please Specify: _____

Residence Information	Same as Mother/Parent 1 Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Street Address			Apt#	County
	City	State	ZIP Code	Country	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No

Demo-graphics	Education <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th thru 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (AA, AS) <input type="checkbox"/> Bachelor's degree (BA, AB, BS) <input type="checkbox"/> Master's degree (MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (PhD, EdD, MD, DDS, DVM, LLB, JD)	Education Years Completed
	Usual Occupation (Do Not Use Retired)	
	Kind of Industry or Business (Not Company Name)	

Social Security Number													-			-				
Race	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese			<input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Middle Eastern <input type="checkbox"/> North African			<input type="checkbox"/> Native American List Specific Tribe: _____ <input type="checkbox"/> Other Asian List Asian Descent: _____ <input type="checkbox"/> Other Pacific Islander List Pacific Islander: _____ <input type="checkbox"/> Other Descent List Other Descent: _____ <input type="checkbox"/> Refused <input type="checkbox"/> Unknown													
	Ethnicity	Hispanic Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Mexican <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Puerto Rican <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					Cuban <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Other <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown List Other: _____													