

**State of Nevada – Department of Human Resources
Division of Health – Office of Vital Records**

Application for Certificate of Foreign Born

(Please Print or Type)

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|--|---|
| Child's Information | Child's Full Name _____ _____ First _____ Middle _____ Last Date of Birth _____ Sex of Child _____ Place of Birth(City/Town/Village) _____ Country of Birth _____ |
| Mother's Information | Full Maiden Name _____ _____ First _____ Middle _____ Last State or Country of Birth _____ Date of Birth _____ |
| Mother's Residence at time of child's birth | Street Address _____ City _____ State _____ Country (if applicable) _____ Zip Code _____ |
| Father's Information | Full Name _____ _____ First _____ Middle _____ Last State or Country of Birth _____ Date of Birth _____ |
| Current Mailing Address | Street Address _____ City _____ State _____ Country (if applicable) _____ Zip Code _____ |

Have you ever applied for a Certificate of Foreign Born in another state? Yes _____ No _____
 If yes, which state? _____

List of documents attached:

Applicant's signature _____ **Date** _____

Applicant's relationship to child _____