

Douglas County Health Department
Civic Center, Room 402, 1819 Farnam Street Omaha, NE 68183
Telephone: 402-444-7204

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

THIS IS A NON-REFUNDABLE SEARCH FEE AND INCLUDES A CERTIFIED COPY IF FOUND

Certificate No. _____

Full name of deceased

Last address of deceased

Place of death Date of Death
(county or hospital) (Month) (Date) (Year)

Name of funeral home

Reason record is needed

Is this a certificate of: your spouse your child your parent other

Number of copies requested (\$11.00 per copy)

Signed

Address

City State Zip Code

Phone Number

Date

Payment: Cash OR Check Total Amount Paid:

If applying by mail, please include a photocopy of the requestor's current picture identification, a self-addressed stamped envelope, and payment by check or money order.

Nebraska Revised Statute 71-649

WARNING: It is a felony to willingly and knowingly obtain or attempt to obtain, possess, or use for the purpose of deception any certified copy of a vital record. Penalty upon conviction is a \$10,000 fine, five years in prison, or both.