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COPY / INSPECTION REQUEST

FOR DOCUMENTS CONTAINING PERSONAL INFORMATION OF A DECEASED OR
INCAPACITATED PERSON; PURSUANT TO NRS 247.090

Date: _____

Document number: _____ Document type: _____

Document number: _____ Document type: _____

Full name of deceased / incapacitated _____

Applicant's relationship to deceased / incapacitated (please check one):

Spouse ____ Widow ____ Widower ____ Parent ____

Brother ____ Sister ____ Child ____ Guardian ____

Personal representative (capacity) _____

Applicant's name and mailing address (please print):

Signature of applicant: _____

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For Recorder's Office staff use only

Type of photo identification presented by applicant: _____

Copy fee (\$1.00 per page): _____ Certification fee (\$4.00 per document): _____

Recorder's Office staff initials: _____

Phone: 775-423-6001 ♦ Fax 775-423-8933 ♦ E-mail: recorder@churchillcounty.org
www.churchillcounty.org

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