

# Arizona Vital Records Request for Copy of Birth Certificate

|   |  |  |
|---|--|--|
| <b>INFO</b>   | For Office Use Only—State File Number/Serial Number  | Request ID   |
| Please visit the State Office of Vital Records website <a href="http://www.azhealth.gov">www.azhealth.gov</a> for the following information: <ul style="list-style-type: none"> <li>Fees</li> <li>Locations, office hours, and availability of services</li> <li>Eligibility requirements and acceptable identification</li> <li>Correction, amendment, and registration information</li> <li>Download forms</li> </ul> Telephone: 602-364-1300<br>Apply Online: <a href="http://www.VITALCHEK.com">www.VITALCHEK.com</a> (Refer to website for their current fees) |  | <b style="color: orange;">CUSTOMER CHECKLIST</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clear photocopy of the front and back of your valid, signed government photo ID OR have your signature notarized</li> <li><input type="checkbox"/> Proof of relationship enclosed if required (birth certificates, certified court documents, etc)</li> <li><input type="checkbox"/> Sign the application</li> <li><input type="checkbox"/> Include self-addressed stamped envelope</li> <li><input type="checkbox"/> Correct fee enclosed</li> </ul> |
| <b>PAYMENT INFO</b>   | Today's Date _____ # of Certified Copies Requested _____ Purpose of Request _____ Payment Method _____   |  |
|   | Payment Information<br>Card Number _____ - _____ - _____ - _____ Card Expiration Date ____ / ____ <input type="checkbox"/> Visa <input type="checkbox"/> MC  |  |
|   | Signature of Cardholder— Must provide photocopy of valid government issued identification if cardholder is not the applicant.  | Amount to be Charged<br>\$ _____   |
| <b>BIRTH CERTIFICATE INFORMATION</b>  | Date of Birth _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Name on Birth Certificate<br>First _____ Middle _____ Last _____   |  |
|   | Town/City of Birth _____ County _____ Hospital _____   |  |
|   | Mother's/Parent's First Name _____ Middle _____ Last Name prior to first marriage _____ Date of Birth _____ State (if US) or Country of birth _____  |  |
|   | Father's/Parent's First Name _____ Middle _____ Last _____ Date of Birth _____ State (if US) or Country of birth _____   |  |
|   | Do you belong to an Arizona Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify tribe. _____  |  |
|   | Applicant's Full Name—Printed<br>First _____ Middle _____ Last _____ Applicant's Signature—Required _____  |  |
| <b>PERSON REQUESTING</b>  | Mailing Address<br>Street _____ City _____ State _____ Zip _____   |  |
|   | Daytime Telephone Number _____ Email Address _____   |  |
|   | Your Relationship to Person on Certificate—Check One <b style="color: orange;">*PROOF of relationship MUST be provided if you are NOT named on the certificate.</b><br><input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Other |  |
|   |  |  |
| <b>NOTARY AREA</b>  | State of _____ County of _____<br>On this _____ day of _____, 20____ before me personally appeared _____ (name of signer), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledges that he/she signed the above document.<br>Notary Signature _____ My Commission Expires _____   | Affix Seal/Stamp Here  |

## PARTICIPATING OFFICE LOCATIONS

The State Office of Vital Records does not provide walk-in service for birth and death certificate issuance. Services available at the State Office of Vital Records by appointment only are delayed birth registration, adoptions, foreign born, putative father, and amendments and corrections for births that occurred prior to 1997 and deaths that occurred prior to 2008.

For walk-in customer service, please visit your nearest local county vital records office providing walk-in service as listed below.

Please note payment types accepted at various office locations: Cash **(C)** - in person only, Money Order/Cashier's Check **(MO)**, Personal Check **(PC)**, Credit Cards **(CC)**, Debit Cards **(DC)**.

Please visit <http://azdhs.gov/vital-records/> or call for the most current fee schedule for each office.

### State Office of Vital Records

1818 W. Adams St.  
Phoenix, AZ 85007  
(602) 364-1300  
**(C) (MO) (CC)**

**Mail to: PO Box 6018**

Phoenix, AZ 85005

Certified Copies of Birth and Death  
Certificates are Available by **Mail Only**

### Apache County Public Health Services District

75 W. Cleveland St.  
Johns, AZ 85936  
(928) 337-7668  
**(MO) (C)**

**Mail to: PO Box 697**

St. Johns, AZ 85936

### Cochise County Health Department

1415 Melody Lane, Bldg. A  
Bisbee, AZ 85603  
(520) 432-9406 and  
(520) 803-3925  
**(C) (MO) (DC) (CC)**

### Coconino County Health Department

2625 N. King St.  
Flagstaff, AZ 86004  
(928) 679-7272  
**(C) (MO) (PC) (CC)**

### Coconino County Health Department

2500 N. Fort Valley Rd., #3  
Flagstaff, AZ 86001  
(928) 679-7272  
**(MO) (PC) (CC)**

Certified Copies of Death Certificates  
are Available by **Mail Only**

### Gila County Health & Emergency Services

Office of Vital Records  
5515 S Apache Ave., Ste. 100  
Globe, AZ 85501  
(928) 402-8811  
**(C) (PC) (MO)**

### Graham County Health Department

820 W. Main  
Safford, AZ 85546  
(928) 428-4441  
**(C) (MO) (PC)**

### Greenlee County Health Department

Office of Vital Registration  
253 5th St.  
Clifton, AZ 85533  
(928) 865-2601  
**(C), (MO)**

**Mail to: PO Box 936**

Clifton, AZ 85533

### Maricopa County

Office of Vital Registration  
3221 N. 16th St., Ste. 100  
Phoenix, AZ 85016

Office of Vital Registration  
3003 W. Thomas Rd., Ste. 200B  
Phoenix, AZ 85017

Office of Vital Registration  
4419 E. Main St., Ste. 105  
Mesa, AZ 85205

Office of Vital Registration  
1850 N 95th Avenue, Ste. 182  
Phoenix, AZ 85037  
(602) 506-6805 **(C)**  
**(MO) (CC)**

**For all Mail: P.O. Box 2111**  
Phoenix, AZ 85001

### Mohave County Public Health

County Administration Building Drop  
Box in lobby:  
700 W. Beale St.  
Kingman, AZ 86401  
Mail to: PO Box 7000  
Kingman, AZ 86402  
(928) 753-0748  
**(C) (MO)**

Certified Copies of Birth Certificates are Available  
by **Mail Only or Drop Box**

### Navajo County Health Department

117 E. Buffalo St.  
Holbrook, AZ 86025  
(928) 524-4750  
**(MO)**

### Pima County Health Department

Vital Records Office  
3950 S. Country Club Road Ste. 100  
Tucson, AZ 85714  
(520) 724-7932  
**(C) (MO) (CC) (DC)**

### Pinal County Health Department

36235 N. Gantzel Rd.  
San Tan Valley, AZ 85142  
(520) 886-4670 / 1-800-231-8499  
**(C) (MO) (CC)**

### Pinal County Health Department

41600 West Smith-Enke Rd.  
Bldg. 15  
Maricopa, AZ 85138  
(520) 866-4261 / 1-800-231-8499  
**(C) (MO) (CC)**

**Mail to: PO Box 2945**

Florence, AZ 85132

(Funeral Homes Only)

### Yavapai County Health Department

1090 Commerce Dr.  
Prescott, AZ 86305  
(928) 771-3125

**(C) (MO) (PC) (CC/DC)**

Certified Copies of Birth Certificates and Death  
Certificates are Available by **Mail Only**

### Yuma County Health Services

Vital Records Department  
2200 W. 28th St.  
Yuma, AZ 85364  
(928) 317-4530  
**(C) (MO)**