

**FOR OFFICE USE ONLY**

ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF VITAL RECORDS

**APPLICATION FOR FOREIGN-BORN REGISTRATION**

SFN# 102 -

NUMBER OF COPIES	AMOUNT ENCLOSED
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BIRTH FACTS OF REGISTRANT (AFTER ADOPTION)	NAME: FIRST		MIDDLE		LAST			SUFFIX
	DATE OF BIRTH: MONTH DAY YEAR		SEX	PLACE OF BIRTH:		TOWN OR CITY	COUNTRY	

ADOPTIVE PARENTS' INFORMATION	FATHER'S NAME: FIRST		MIDDLE		LAST		DATE OF BIRTH	PLACE OF BIRTH (STATE OR COUNTRY)
	MOTHER'S NAME: FIRST		MIDDLE		LAST (BEFORE MARRIAGE)		DATE OF BIRTH	PLACE OF BIRTH (STATE OR COUNTRY)

PAYMENT INFORMATION	DATE	PAID BY <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIER'S CHECK <input type="checkbox"/> CREDIT/DEBIT (CASH IN PERSON ONLY; <b>NO PERSONAL CHECKS</b> )												
	<input type="checkbox"/> VISA											EXP DATE		
	<input type="checkbox"/> M/C											MM/YY		

<b>APPLICANT SIGNATURE</b>			
PRINT NAME: FIRST		LAST	
MAILING ADDRESS (NUMBER & STREET OR PO Box)			APARTMENT #
CITY/TOWN		STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER ( )	E-MAIL ADDRESS		RELATIONSHIP TO REGISTRANT

State of \_\_\_\_\_  
 County of \_\_\_\_\_  
 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

PLEASE SEND COMPLETED APPLICATION, CORRECT FEE, AND ALL REQUIRED DOCUMENTS, TO:  
  
 OFFICE OF VITAL RECORDS  
 PO BOX 3887  
 PHOENIX, AZ 85030

**WARNING: FALSE APPLICATION FOR A BIRTH CERTIFICATE IS A PUNISHABLE OFFENSE.** FOR THE PROTECTION OF THE INDIVIDUAL, CERTIFICATES OF VITAL EVENTS ARE **NOT** OPEN TO PUBLIC INSPECTION. SIGNATURE OF APPLICANT **MUST BE NOTARIZED, OR** THIS FORM MUST BE ACCOMPANIED BY A COPY OF A **VALID GOVERNMENT-ISSUED PHOTO ID** WHICH CONTAINS THE APPLICANT'S SIGNATURE.

SEAL