



## DOULA REPLACEMENT/DUPLICATE CERTIFICATE REQUEST

BUREAU OF LICENSING FOR PROFESSIONS & OCCUPATIONS  
150 N. 18TH AVENUE, SUITE 410  
PHOENIX, AZ 85007

APPLICANT INFORMATION			
Legal First Name	Legal Middle Name	Legal Last Name	License Number
Email Address		Phone Number (XXX) XXX-XXXX	
Street Address Apt, Unit, etc. #			
City		State	Zip Code
REQUEST INFORMATION			
How many certificates are you requesting? _____			
Have you recently submitted a Name Change Application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PAYMENT INFORMATION			
The fee for a replacement/duplicate certificate is \$25 per certificate. Please include a check or money order made payable to the Arizona Department of Health Services.			
APPLICANT SIGNATURE			
_____		_____	
Signature of Applicant		Date Signed	