

**Bureau of Vital Records Request for Copy of Non-Certified Original Birth Certificate - Adult Adoptee  
( A.R.S. 36-340)**

Date Stamp Here

**Attention Applicants: All fields with an asterisk (\*) next to the field header are required fields that must be completed.**

<b>Info</b>	<b>For Office Use Only – State File Number</b>		<b>Order Number</b>	
Please visit the Bureau of Vital Records website <a href="https://www.azdhs.gov/policy-intergovernmental-affairs/vital-records">https://www.azdhs.gov/policy-intergovernmental-affairs/vital-records</a> for the following information: <ul style="list-style-type: none"> <li>Fees</li> <li>Location, office hours, and availability of services</li> <li>Eligibility requirements and acceptable identification</li> <li>Download forms</li> </ul> <b>Telephone: 602-364-1300</b>			<b>CUSTOMER MAIL IN 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"/> Requests cannot be accepted for adopted individuals born June 20, 1968 through September 28, 2021.</li> <li><input type="checkbox"/> Sign the application/Original signature required</li> <li><input type="checkbox"/> Include self-addressed stamped envelope</li> <li><input type="checkbox"/> Correct fee enclosed, <b>please do not mail cash-</b> <a href="https://www.azdhs.gov/policy-intergovernmental-affairs/vital-records/#fees-home">https://www.azdhs.gov/policy-intergovernmental-affairs/vital-records/#fees-home</a></li> </ul>	
<b>Order Info</b>	<b>Today's Date</b>	<b># of Non-Certified Copies Requested</b>	<b>Payment Method</b>	<b>Enclosed Fee</b>  \$
<b>Credit Card Info</b>	<b>Payment Information:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER CARD Card Number* _____ Card Expiration Date* ____/____ CVV#* _____ Billing Zip Code* _____ _____ Print Name of Card Holder* _____ Signature of Card Holder* _____ _____			*If credit card does not belong to applicant, you must submit a clear copy of the credit card holder's valid, current government photo ID with signature. Amount to be Charged \$
<b>Birth Certificate Info</b>	<b>Date of Birth*</b> <b>Sex*</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Name After Adoption*</b> First _____ Middle _____ Last _____ <b>Place of Birth*</b> Town/City _____ County _____ State _____ Hospital _____ <b>Full Name of Adoptive Mother Prior to First Marriage- Printed*</b> First _____ Middle _____ Last _____ <b>Full Name of Adoptive Father - Printed*</b> First _____ Middle _____ Last _____ <b>Full Name of Birth Mother Prior to First Marriage - Printed</b> First _____ Middle _____ Last _____ <b>Full Name of Birth Father – Printed</b> First _____ Middle _____ Last _____		
<b>Person Requesting</b>	<b>Applicant's Full Name - Printed*</b> First _____ Middle _____ Last _____ <b>Applicant's Signature*</b> _____ <b>Signature Date*</b> _____ <b>Mailing Address*</b> Street _____ City _____ State _____ Zip _____ <b>Daytime Telephone Number*</b> _____ <b>Email Address*</b> _____			
<b>Notary Area</b>	<b>Applicable only if no government issued photo ID is available</b> State of _____ County of _____ 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. Notary Signature _____ My Commission Expires: _____			Affix Seal/Stamp Here
<b>Office Use Only</b>	<input type="checkbox"/> ID Verified/Notarized Application <input type="checkbox"/> Proof of Eligibility Verified <input type="checkbox"/> CC Holder's ID Verified <b>Date Issued:</b> _____	<b>Verification:</b> <input type="checkbox"/> Process <input type="checkbox"/> Insufficient	<b>Insufficient Reason:</b> <input type="checkbox"/> No Fee/Incorrect Fee <input type="checkbox"/> Incorrect Payment Type <input type="checkbox"/> CC Expired <input type="checkbox"/> ID Expired/Invalid <input type="checkbox"/> Need Clear Copy of ID <input type="checkbox"/> Need CC Holder's ID w/ Signature	<input type="checkbox"/> Need ID w/ Signature <input type="checkbox"/> Need Signature <input type="checkbox"/> Signatures Do Not Match <input type="checkbox"/> Applicant Ineligible <input type="checkbox"/> Not an AZ Record <input type="checkbox"/> Need Documents <input type="checkbox"/> Other: _____

## PARTICIPATING OFFICE LOCATIONS

**The State Bureau of Vital Records can provide service for requests for copies of a non-certified original birth certificate for an adult adoptee (A.R.S. 36-340) by mail or in person by appointment only.**

There is a \$5.00 fee for each copy of the original certificate requested pursuant to Arizona Revised Statutes 36-340(C).

Mail the completed application, fee, a valid government issued photo identification (or you may sign the application in the presence of a notary) to the address listed below.

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

**State Bureau of Vital Records**  
**Mail to:** PO Box 6018  
Phoenix, AZ 85005  
(602) 364-1300  
**(C)-In Person Only (MO) (CC) (DC)**