

Bureau of Vital Records Request for Copy of Death Certificate

Date Stamp Here

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

Info	For Office Use Only – State File Number	Order Number	Security Paper Number(s)
Please visit the Bureau of Vital Records website https://azdhs.gov/licensing/vital-records/ for the following information: <ul style="list-style-type: none"> • Fees - \$20 Certified copy; \$30 Correction/Amendment • Locations, office hours, and availability of services • Eligibility requirements and acceptable identification • Correction, amendment, and registration information • Download forms Telephone: 602-364-1300 Apply Online: www.VITALCHEK.com (Refer to website for their current fees)			CUSTOMER MAIL IN CHECKLIST Clear photocopy of the front and back of your valid, signed government photo ID OR have your signature notarized <input type="checkbox"/> Proof of relationship enclosed is required (birth certificates, certified court documents, marriage certificate, etc) Sign the application/Original signature required Include self-addressed stamped envelope Correct fee enclosed, please do not mail cash- https://azdhs.gov/licensing/vital-records/index.php#fees-home <input type="checkbox"/> Notary is not applicable for gov't agency requests, please submit copy of gov't agency ID badge.
Order Info	Today's Date	# of Certified Copies Requested*	# of Non-Certified Copies Requested
			<input type="checkbox"/> Death <input type="checkbox"/> Fetal Death <input type="checkbox"/> Stillbirth
	Purpose of Request*		Payment Method
	Enclosed Fee \$		
Credit Card Info	Payment Information: <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* _____ Amount to be Charged \$ _____		
Death Certificate Info	Date of Death* _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Name on Death Certificate* First _____ Middle _____ Last _____ Place of Death – Hospital or Residence Town/City _____ County _____ State _____ <input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other: _____ Funeral Home or Donation Facility _____ Date of Birth* _____ Are Copies to be used for U.S. Government Claim?*		
	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate type of claim) <input type="checkbox"/> Social Security <input type="checkbox"/> Payments of U.S. government or NSLI life insurance proceeds <input type="checkbox"/> Military Allotments <input type="checkbox"/> Other: _____ <input type="checkbox"/> Veterans Pensions		
Person Requesting	Applicant's Full Name – Printed* First _____ Middle _____ Last _____ Applicant's Signature* _____ Signature Date* _____ Mailing Address* Street _____ City _____ State _____ Zip _____ Daytime Telephone Number* _____ Email Address* _____ Your Relationship to Person on Certificate–Check One* *PROOF of relationship MUST be provided. Documentation must be provided to support eligibility. <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Other: _____		
Notary Area	Applicable only if no government issued photo ID is available 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: _____		
Office Use Only	<input type="checkbox"/> ID Verified/Notarized Application <input type="checkbox"/> Proof of Eligibility Verified <input type="checkbox"/> CC Holder's ID Verified Date Issued: _____ Verification: <input type="checkbox"/> Process <input type="checkbox"/> Insufficient Insufficient Reason: <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 Office does not provide walk-in service for death certificate issuance. Services available at the Bureau of Vital Records by appointment only are amendments and corrections for 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 <https://azdhs.gov/licensing/vital-records/index.php#local-county> or call for the most current fee schedule for each office.

State Bureau of Vital Records

Mail to: PO Box 6018
Phoenix, AZ 85005
(602) 364-1300

(C)-In Person Only (MO) (CC) (DC)

By Appt Only: 150 North 18th Ave., Ste.120
Phoenix, AZ 85007

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

Apache County Public Health Services District

75 West Cleveland
2nd Floor

St. Johns, AZ 85936
(928)337-7525

(MO) (CC) (DC)

Mail to: PO Box 697
St. Johns, AZ 85936

Cochise County Health and Social Services

Office of Vital Records

Sierra Vista Office

4115 E. Foothills Dr.

Sierra Vista, AZ 85635
(520) 432-9406

(C) (MO) (CC) (DC)

Douglas Office

1012 North G Ave. Ste.101

Douglas, AZ 85607

(520) 805-5606

(C) (MO) (CC) (DC)

Bisbee Office

1415 Melody Lane, Building A

Bisbee, AZ 85603

(520) 432-9411

(C) (MO) (CC) (DC)

Benson Office

126 W. 5th Street

Benson, AZ 85602

(520) 586-8200

(C) (MO) (CC) (DC)

Wilcox Office

450 S. Haskell Ave.

Wilcox, AZ 85643

(520) 384-7100

(C) (MO) (CC) (DC)

All sites offer same day service.

Please send any mail requests to the Sierra Vista
or Bisbee locations only.

Coconino County Health and Human Services

2625 N. King St.

Flagstaff, AZ 86004

(928) 679-7272

(C) (MO) (PC) (CC)

Coconino County Health and Human Services

4402 E. Huntington Dr.

Flagstaff, AZ 86004

(928) 679-7272

(MO) (PC) (CC)

Certified Copies of Death Certificates
are Available by Mail Only

Gila County Health & Emergency Management

Office of Vital Records

5515 S Apache Ave., Ste.100

Globe, AZ 85501

(928) 402-8811

(C) (PC) (MO) (CC) (DC)

Graham County Health Department

820 W. Main

Safford, AZ 85546

(928) 428-4441

(C) (MO) (PC) (CC) (DC)

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

La Paz County Vital Records Office

1112 Joshua Ave, Ste. 206

Parker, AZ 85344

(928) 669-1100

(C) (MO) (PC) (CC) (DC)

Maricopa County

Office of Vital Registration

Central Valley Office

3221 N. 16th St., Ste.100

Phoenix, AZ 85016

(602) 506-6805

(C) (MO) (CC) (DC)

Glendale Office

5141 W. Lamar Rd.,

Phoenix, AZ 85301

(602) 506-6805

(C) (MO) (CC) (DC)

East Valley Office

331 E. Coury Ave.

Mesa, AZ 85210

(602) 506-6805

(C) (MO) (CC) (DC)

West Valley Office

1850 N 95th Ave., Ste.182

Phoenix, AZ 85037

(602) 506-6805

(C) (MO) (CC) (DC)

Northwest Valley Office

8088 W. Whitney Dr., Ste 2A

Peoria, AZ 85345

(602) 506-6805

(C) (MO) (CC) (DC)

For all Mail: PO 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) (CC) (DC)

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

Navajo County Public Health Services District

117 E. Buffalo St.

Holbrook, AZ 86025

(928) 524-4750

(MO) (CC) (DC)

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 Public Health Services District

36235 N. Gantzel Rd.

San Tan Valley, AZ 85140

1-866-960-0633

(C) (MO) (CC) (DC)

Pinal County Public Health Services District

41680 W. Smith-Enke Rd.,

Suite 110

Maricopa, AZ 85138

1-866-960-0633

(C) (MO) (CC) (DC)

Pinal County Public Health Services District

Florence - Mail Only

P.O. Box 2945

Florence, AZ 85132

1-866-960-0633

(C) (MO) (CC) (DC)

Pinal County Public Health Services District

1729 N. Trekeil Rd. Ste.120

Casa Grande, AZ 85122

1-866-960-0633

(C) (MO) (CC) (DC)

Santa Cruz County Health Services

2150 N. Congress Dr. Ste.115

Nogales, AZ 85621

(520) 375-7900

(MO) (CC) (DC)

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) (CC)