

GOVERNMENT AGENCY REQUEST FOR COPIES OF BIRTH AND / OR DEATH RECORDS**ARIZONA DEPARTMENT OF HEALTH SERVICES, BUREAU OF VITAL RECORDS
P.O. BOX 6018, PHOENIX, ARIZONA 85005**

In accordance with A.R.S. §36-341 and A.A.C. R9-19-211 & 314, this is request for copies of vital records for the official use of the following government agency. A governmental agency may not authorize a third party to request copies for vital records on their behalf.

APPLICANT INFORMATION

| | |
|------------------------|------------|
| Name: | Title: |
| Agency: | Division: |
| Email: | Phone: |
| Address: | Site Code: |
| City, State, ZIP Code: | Mail Drop: |

BIRTH RECORD REQUEST **CERTIFIED COPY** **NON-CERTIFIED COPY**

| | |
|-------------------------|----------------|
| Registrant's Full Name: | Gender: |
| Place of Birth: | Date of Birth: |
| Mother's Maiden Name: | Mother's SSN: |
| Father's Name: | Father's SSN: |

DEATH RECORD REQUEST **CERTIFIED COPY** **NON-CERTIFIED COPY**

| | |
|--------------------------------|-----------------|
| Name of the Deceased: | Gender: |
| Alias: | Date of Birth: |
| Town, City or County of Death: | Date of Death: |
| | Deceased's SSN: |

SIGNATURE (REQUIRED)

I understand that filing a false request is a crime and is punishable under one or more of Arizona's Revised Statutes.

Signature of applicant:**Date:****ACTION OR OFFICIAL PURPOSE FOR WHICH A CERTIFICATE IS NEEDED** INVESTIGATION VERIFICATION OF INFORMATION**REASON A CERTIFICATE IS NEEDED****PAYMENT METHOD (IF APPLICABLE)**

CERTIFIED COPY \$20.00

NON-CERTIFIED COPY \$5.00

Form of Payment Visa MasterCard Money Order/Business Checks (Mail in Requests Only)

Card Number:

Expiration Date:

Authorized Card Holder Signature:

E-MAIL COMPLETE FORM TO: ovr_o_ga@AZDHS.GOV**APPLICATION CHECKLIST** Government Agency Application Fee Governmental Agency Identification Badge Signature