

**Bureau of Vital Records Request for Copy of Birth Certificate**

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>	For Office Use Only – State File Number	Order Number	Security Paper Number(s)		
<p>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:</p> <ul style="list-style-type: none"> <li>• Fees - <u>\$20 Certified copy; \$30 Correction/Amendment</u></li> <li>• Locations, office hours, and availability of services</li> <li>• Eligibility requirements and acceptable identification</li> <li>• Correction, amendment, and registration information</li> <li>• Download forms</li> </ul> <p><b>Telephone:</b> 602-364-1300  <b>Apply Online:</b> <a href="http://www.VITALCHEK.com">www.VITALCHEK.com</a> (Refer to website for their current fees)</p>		<p><b>CUSTOMER MAIL IN CHECKLIST</b></p> <p>Clear photocopy of the front and back of your valid, signed government photo ID OR have your signature notarized</p> <p>Proof of relationship enclosed is required (birth certificates, certified court documents, marriage certificate, etc)</p> <p>Sign the application/Original signature required</p> <p>Include self-addressed stamped envelope</p> <p>Correct fee enclosed, please do not mail cash-  <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></p> <p>Notary is not applicable for gov't agency requests, please submit copy of gov't agency ID badge.</p>			
<b>Order Info</b>	Today's Date	# of Certified Copies Requested*	# of Non-Certified Copies Requested		
<b>Credit Card Info</b>	<p><b>Purpose of Request</b></p> <p><b>Payment Method</b></p> <p><b>Enclosed Fee \$</b></p>				
	<p>Payment Information: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER CARD</p> <p>— — — — — / — — — — —  Card Number* Card Expiration Date* CVV#* Billing Zip Code*</p>				
	<p><b>Amount to be Charged \$</b></p> <p>Print Name of Card Holder* Signature of Card Holder*</p>				
<b>Birth Certificate Info</b>	Date of Birth*	Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female	Name on Birth Certificate*		
	First		Middle	Last	
	Place of Birth Town/City		County	State	Hospital
	Mother's/Parent's Full Name Prior to First Marriage – Printed*			Date of Birth	State (if US) or Country of Birth
	First	Middle	Last	Date of Birth	State (if US) or Country of Birth
	Father's/Parent's Full Name – Printed*			Date of Birth	State (if US) or Country of Birth
First Middle Last			Date of Birth	State (if US) or Country of Birth	
Does person on certificate belong to an Arizona Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please specify Tribe:		
<b>Person Requesting</b>	Applicant's Full Name – Printed*				
	First	Middle	Last		
	Applicant's Signature*			Signature Date*	
	Mailing Address*				
	Street	Apt/Suite #	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.					
Parent <input type="checkbox"/> Self <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Other: _____ Self, I am at least 16 years of age and either have no residential address or I am in the Department of Child Safety's (DCS) custody. [Arizona Revised Statute 36-324(F)]					
<b>Notary Area</b>	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: _____				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  Date Issued: _____	<b>Verification:</b> <input type="checkbox"/> Insufficient <input type="checkbox"/> Process	<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

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://www.azdhs.gov/policy-intergovernmental-affairs/vital-records/#local-county> or call for the most current fee schedule for each office.

<b>State Bureau of Vital Records</b> <b>Mail to:</b> PO Box 6018 Phoenix, AZ 85005 (602) 364-1300 <b>(C)-In Person Only (MO) (CC) (DC)</b> 150 North 18th Ave., Ste. 120 Phoenix, AZ 85007	<b>Graham County Health Department</b> 820 W. Main Safford, AZ 85546 (928) 428-4441 <b>(C) (MO) (PC) (CC) (DC)</b>	<b>Navajo County Public Health Services District</b> 117 E. Buffalo St. Holbrook, AZ 86025 (928) 524-4750 <b>(MO) (CC) (DC)</b>
<b>Apache County Public Health Services District</b> 75 West Cleveland 2nd Floor St. Johns, AZ 85936 (928) 337-7525 <b>(MO) (CC) (DC)</b> <b>Mail to:</b> P.O. Box 697 St. Johns, AZ 85936	<b>Greenlee County Health Department Office of Vital Registration</b> 253 5th St. Clifton, AZ 85533 (938) 865-2601 <b>(C) (MO)</b> <b>Mail to:</b> PO Box 936 Clifton, AZ 85533	<b>Pima County Health Department</b> Vital Records Office 3950 S. Country Club Road Ste.100 Tucson, AZ 85714 (520) 724-7932 <b>(C) (MO) (PC) (CC) (DC)</b>
<b>Cochise County Health and Social Services</b> Office of Vital Records Sierra Vista Office 4115 E. Foothills Dr. Sierra Vista, AZ 85635 (520) 432-9406 <b>(C) (MO) (CC) (DC)</b>  Douglas Office 1012 North G Ave. Ste.101 Douglas, AZ 85607 (520) 805-5606 <b>(C) (MO) (CC) (DC)</b>	<b>Maricopa County Office of Vital Registration Central Valley Office</b> 1645 E. Roosevelt St. Phoenix, AZ 85006 (602) 506-6805 <b>(C) (MO) (CC) (DC)</b> <b>Mail to:</b> P.O. Box 2111, Phoenix, AZ 85001  Glendale Office 5141 W. Lamar Rd., Glendale, AZ 85301 (602) 506-6805 <b>(C) (MO) (CC) (DC)</b>	<b>Pima County Health Department</b> Northwest Service Center 1010 W Miracle Mile Tucson, AZ 85705 (520) 724-7932 <b>(C) (MO) (PC) (CC) (DC)</b>
 Bisbee Office 1415 Melody Lane, Building A Bisbee, AZ 85603 (520) 432-9411 <b>(C) (MO) (CC) (DC)</b>  Benson Office 126 W. 5th Street Benson, AZ 85602 (520) 586-8200 <b>(C) (MO) (CC) (DC)</b>  Wilcox Office 450 S. Haskell Ave. Wilcox, AZ 85643 (520) 384-7100 <b>(C) (MO) (CC) (DC)</b>	 East Valley Office 331 E. Courty Ave. Mesa, AZ 85210 (602) 506-6805 <b>(C) (MO) (CC) (DC)</b>  Northwest Valley Office 8088 W. Whitney Dr., Ste 2A Peoria, AZ 85345 (602) 506-6805 <b>(C) (MO) (CC) (DC)</b>  Goodyear Office 14130 W. McDowell Rd Goodyear, AZ 85395 (602) 506-6805 <b>(C) (MO) (CC) (DC)</b>	<b>Pinal County Public Health Services District</b> 36235 N. Gantzel Rd. San Tan Valley, AZ 85140  1-866-960-0633 <b>(C) (MO) (CC) (DC)</b>
 All sites offer same day service. Please send any mail requests to the Sierra Vista or Bisbee locations only.	 <b>Mohave County Public Health</b> County Administration Building Drop Box in lobby 700 W. Beale St. Kingman, AZ 86401 <b>Mail to:</b> PO Box 7000 Kingman, AZ 86402 (928) 753-0748 <b>(C) (MO) (CC) (DC)</b> Certified Copies of Birth Certificates are Available by <b>Mail Only or Drop Box</b>	<b>Pinal County Public Health Services District</b> 41680 W. Smith-Enke Rd., Suite 110 Maricopa, AZ 85138 1-866-960-0633 <b>(C) (MO) (CC) (DC)</b>
<b>Coconino County Health and Human Services</b> <b>Vital Records</b> 2625 N. King St. Flagstaff, AZ 86004 (928) 679-7272 <b>(C) (MO) (PC) (CC)</b> <a href="https://coconino.az.gov/">https://coconino.az.gov/</a>		<b>Pinal County Public Health Services District</b> 1729 N. Trekell Rd. Ste.120 Casa Grande, AZ 85122 1-866-960-0633 <b>(C) (MO) (CC) (DC)</b>
<b>Gila County Health &amp; Emergency Management</b> <b>Office of Vital Records</b> 5515 S. Apache Ave., Ste.100 Globe, AZ 85501 (928) 402-8811 <b>(C) (PC) (MO) (CC) (DC)</b>		<b>Pinal County Public Health Services District</b> 1870 W. American Ave. Oracle, AZ 85623 1-866-960-0633 <b>(C) (MO) (CC) (DC)</b>
		<b>Yavapai County Health Department</b> 1090 Commerce Dr. Prescott, AZ 86305 (928) 771-3125 <b>(C) (MO) (PC) (CC/DC)</b> Certified Copies of Birth Certificates and Death Certificates are Available by Mail Only
		<b>Yuma County Health Services</b> Vital Records Department 2200 W. 28th St. Yuma, AZ 85364 (928) 317-4530 <b>(C) (MO) (CC)</b>