

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

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**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 <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 - \$20 Certified copy; \$30 Correction/Amendment</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> <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)		<b>CUSTOMER MAIL IN CHECKLIST</b> Clear photocopy of the front and back of your valid, signed government photo ID OR have your signature notarized 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- <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> 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
Purpose of Request	Payment Method	Enclosed Fee \$	
Credit Card Info	<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* _____ Amount to be Charged \$ _____		
Birth Certificate Info	<b>Date of Birth*</b> _____ <b>Sex*</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Name on Birth Certificate*</b> First _____ Middle _____ Last _____	<b>Place of Birth</b> Town/City _____ County _____ State _____ Hospital _____	
	<b>Mother's/Parent's Full Name Prior to First Marriage – Printed*</b> First _____ Middle _____ Last _____	<b>Date of Birth</b> _____	<b>State (if US) or Country of Birth</b> _____
	<b>Father's/Parent's Full Name – Printed*</b> First _____ Middle _____ Last _____	<b>Date of Birth</b> _____	<b>State (if US) or Country of Birth</b> _____
	<b>Does person on certificate belong to an Arizona Tribe?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>If yes, please specify Tribe:</b> _____		
Person Requesting	<b>Applicant's Full Name – Printed*</b> First _____ Middle _____ Last _____		
	<b>Applicant's Signature*</b> _____		<b>Signature Date*</b> _____
	<b>Mailing Address*</b> Street _____ Apt/Suite # _____ City _____ State _____ Zip _____		
	<b>Daytime Telephone Number*</b> _____ <b>Email Address*</b> _____		
	<b>Your Relationship to Person on Certificate–Check One*</b> <b>*PROOF of relationship MUST be provided. Documentation must be provided to support eligibility.</b> Parent Self Brother/Sister Grandparent Legal Guardian Spouse Gov't Agency 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)]		
Notary Area	<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
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 <b>Date Issued:</b> _____	<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.

### State Bureau of Vital Records

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

**(C)-In Person Only (MO) (CC) (DC)**  
150 North 18th Ave., Ste.120  
Phoenix, AZ 85007

### Apache County Public Health Services District

75 West Cleveland 2nd Floor  
St. Johns, AZ 85936  
(928) 337-7525  
**(MO) (CC) (DC)**  
**Mail to:** P.O. 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

**Vital Records**  
2625 N. King St.  
Flagstaff, AZ 86004  
(928) 679-7272  
**(C) (MO) (PC) (CC)**  
<https://coconino.az.gov/>

### 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  
(938) 865-2601  
**(C) (MO)**  
**Mail to:** PO Box 936  
Clifton, AZ 85533

### Maricopa County Office of Vital Registration Central Valley Office

1645 E. Roosevelt St.  
Phoenix, AZ 85006  
(602) 506-6805  
**(C) (MO) (CC) (DC)**  
**Mail to:** P.O. Box 2111,  
Phoenix, AZ 85001

Glendale Office  
5141 W. Lamar Rd.,  
Glendale, 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)**

Northwest Valley Office  
8088 W. Whitney Dr., Ste 2A  
Peoria, AZ 85345  
(602) 506-6805  
**(C) (MO) (CC) (DC)**

Goodyear Office  
14130 W. McDowell Rd  
Goodyear, AZ 85395  
(602) 506-6805  
**(C)(MO)(CC)(DC)**

**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) (PC) (CC) (DC)**

### Pima County Health Department

Northwest Service Center  
1010 W Miracle Mile  
Tucson, AZ 85705  
(520) 724-7932  
**(C) (MO) (PC) (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. Trekel Rd. Ste.120  
Casa Grande, AZ 85122  
1-866-960-0633  
**(C) (MO) (CC) (DC)**

### Pinal County Public Health Services District

1870 W. American Ave.  
Oracle, AZ 85623  
1-866-960-0633  
**(C) (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)**