

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://www.azdhs.gov/policy-intergovernmental-affairs/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 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://www.azdhs.gov/policy-intergovernmental-affairs/vital-records/#fees-home Notary is not applicable for gov't agency requests, please submit copy of gov't agency ID		
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					<input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other: _____
	Town/City		County	State		
	Funeral Home or Donation Facility					
	Date of Birth*		Are Copies to be used for U.S. Government Claim?*			
Social Security Number		<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		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. <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: _____					<div style="border: 1px solid black; padding: 10px; text-align: center;"> Affix Seal/Stamp Here </div>
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

For walk-in customer service, please visit your nearest local county vital records office providing walk-in services 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: 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) (CC) (DC)
<https://coconino.az.gov/>

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

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)
For all Mail: PO Box 2111
Phoenix, AZ 85001

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

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. Trekeil 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)

Santa Cruz County Health Services

2150 N. Congress Dr. Ste. 204
Nogales, AZ 85621
(520) 375-7773
(C) (MO) (PC) (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) 717-4530
(C) (MO) (CC)