

**Bureau of Vital Records
Government Agency
Request for Copies of Birth and/or Death Records**

Date Stamp Here

| State File Number | For Office Use Only – Security Paper Number(s) | For Office Use Only – Order Number |
|--|--|--|
| Arizona Department of Health Services, Bureau of Vital Records P.O. Box 6018, Phoenix, Arizona 85005 | | |
| In accordance with A.R.S. §36-324 (D) & (E) and A.A.C. R9-19-210, 211, 212, 314, 315, & 316, this is to request copies of vital records for the official use of the government agency specified below. A government agency may not authorize a third party to request copies for vital records on their behalf. Attention Applicants: All fields with an asterisk (*) next to the field header are required fields that must be completed. | | |
| Email completed form(s) to: OVR_O_GA@AZDHS.GOV | | |
| Application Checklist: <input type="checkbox"/> Government Agency Application <input type="checkbox"/> Appropriate Fee <input type="checkbox"/> Government Agency Identification Badge <input type="checkbox"/> Signature | | Certified Copy \$20.00 Non-Certified Copy \$5.00 |
| Applicant Information | | |
| Agency* | | Division* |
| Name* | Phone #* | Email* |
| Address* | | Site Code |
| City, State & Zip Code* | | Mail Drop |
| Signature of Applicant* | | Date* |
| Birth Record Request | | |
| <input type="checkbox"/> Number of Certified Copies*: | | <input type="checkbox"/> Number of Non-Certified Copies*: |
| Registrant's Full Name*: | | Date of Birth*: Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Place of Birth | | |
| Town/City | County | State Hospital |
| Mother's/Parent's Full Name Prior to First Marriage* | | |
| Mother's/Parent's Date of Birth | | Mother's/Parent's SSN |
| Father's/Parent's Full Name | | |
| Father's/Parent's Date of Birth | | Father's/Parent's SSN |
| Does person on certificate belong to an Arizona Tribe? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify Tribe: | | |
| Death Record Request | | |
| <input type="checkbox"/> Number of Certified Copies*: | | <input type="checkbox"/> Number of Non-Certified Copies*: |
| Decedent's Full Name* | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Alias | | |
| Decedent's SSN | Date of Birth* | Date of Death* |
| Place of Death | | |
| Town/City | County | State |
| Funeral Establishment or Person Responsible for Final Disposition | | |
| Description of the Action or Official Purpose for Which a Record is Needed* | | |
| <input type="checkbox"/> Investigation | | <input type="checkbox"/> Verification of Information |
| Reason a Certificate is Needed* | | |
| | | |
| Payment Method (only applicable for all Non-Arizona State Agencies)* <small>(Examples of Non-Arizona State Agencies include: City, County, Federal, Tribal or out-of-state government agencies)</small> | | |
| <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER CARD <input type="checkbox"/> MONEY ORDER/BUSINESS CHECK (mail in requests only) | | |
| _____ Credit Card Number* | ____/____ Expiration Date* | ____ CVV#* |
| _____ Billing Zip Code* | _____ Print Name of Card Holder* | _____ Signature of Card Holder* |