

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
Credit Card Info	Payment Information: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER CARD					*If credit card does not belong to applicant, you must submit a clear copy of the credit card holder's valid, current government photo ID with signature.
	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?*				
		<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate type of claim)				
Social Security Number		<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		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: _____					Affix Seal/Stamp Here
	<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

Services available at the Bureau of Vital Records by appointment only are amendments and corrections for deaths that occurred prior to 2008.

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/index.php#local-county> or call for the most current fee schedule for each office.

<p>State Bureau of Vital Records <i>Mail to:</i> PO Box 6018 Phoenix, AZ 85005 (602) 364-1300 (C)-In Person Only (MO) (CC) (DC) <i>By Appt Only:</i> 150 North 18th Ave., Ste.120 Phoenix, AZ 85007</p>	<p>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)</p>	<p>Navajo County Public Health Services District 117 E. Buffalo St. Holbrook, AZ 86025 (928) 524-4750 (MO) (CC) (DC)</p>
<p>Apache County Public Health Services District 75 West Cleveland 2nd Floor St. Johns, AZ 85936 (928)337-7525 (MO) (CC) (DC) <i>Mail to:</i> PO Box 697 St. Johns, AZ 85936</p>	<p>Graham County Health Department 820 W. Main Safford, AZ 85546 (928) 428-4441 (C) (MO) (PC) (CC) (DC)</p>	<p>Pima County Health Department Vital Records Office 3950 S. Country Club Road Ste.100 Tucson, AZ 85714 (520) 724-7932 (C) (MO) (CC) (DC)</p>
<p>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)</p>	<p>Greenlee County Health Department Office of Vital Registration 253 5th St. Clifton, AZ 85533 (928) 865-2601 (C) (MO) <i>Mail to:</i> PO Box 936 Clifton, AZ 85533</p>	<p>Pinal County Public Health Services District 36235 N. Gantzel Rd. San Tan Valley, AZ 85140 1-866-960-0633 (C) (MO) (CC) (DC)</p>
<p>Douglas Office 1012 North G Ave. Ste.101 Douglas, AZ 85607 (520) 805-5606 (C) (MO) (CC) (DC)</p>	<p>La Paz County Vital Records Office 1112 Joshua Ave, Ste. 206 Parker, AZ 85344 (928) 669-1100 (C) (MO) (PC) (CC) (DC)</p>	<p>Pinal County Public Health Services District 41680 W. Smith-Enke Rd., Suite 110 Maricopa, AZ 85138 1-866-960-0633 (C) (MO) (CC) (DC)</p>
<p>Bisbee Office 1415 Melody Lane, Building A Bisbee, AZ 85603 (520) 432-9411 (C) (MO) (CC) (DC)</p>	<p>Maricopa County Office of Vital Registration Central Valley Office 3221 N. 16th St., Ste.100 Phoenix, AZ 85016 (602) 506-6805 (C) (MO) (CC) (DC)</p>	<p>Pinal County Public Health Services District Florence - Mail Only P.O. Box 2945 Florence, AZ 85132 1-866-960-0633 (C) (MO) (CC) (DC)</p>
<p>Benson Office 126 W. 5th Street Benson, AZ 85602 (520) 586-8200 (C) (MO) (CC) (DC)</p>	<p>Glendale Office 5141 W. Lamar Rd., Glendale, AZ 85301 (602) 506-6805 (C) (MO) (CC) (DC)</p>	<p>Pinal County Public Health Services District 1729 N. Trekeil Rd. Ste.120 Casa Grande, AZ 85122 1-866-960-0633 (C) (MO) (CC) (DC)</p>
<p>Wilcox Office 450 S. Haskell Ave. Wilcox, AZ 85643 (520) 384-7100 (C) (MO) (CC) (DC)</p>	<p>East Valley Office 331 E. Coury Ave. Mesa, AZ 85210 (602) 506-6805 (C) (MO) (CC) (DC)</p>	<p>Pinal County Public Health Services District 1870 W. American Ave. Oracle, AZ 85623 1-866-960-0633 (C)(MO)(CC)(DC)</p>
<p>All sites offer same day service. Please send any mail requests to the Sierra Vista or Bisbee locations only.</p>	<p>West Valley Office 1850 N 95th Ave., Ste.182 Phoenix, AZ 85037 (602) 506-6805 (C) (MO) (CC) (DC)</p>	<p>Santa Cruz County Health Services 2150 N. Congress Dr. Room 204 Nogales, AZ 85621 (520) 375-7900 (MO) (CC) (DC)</p>
<p>Coconino County Health and Human Services 2625 N. King St. Flagstaff, AZ 86004 (928) 679-7272 (C) (MO) (CC) (DC) https://coconino.az.gov/</p>	<p>Northwest Valley Office 8088 W. Whitney Dr., Ste 2A Peoria, AZ 85345 (602) 506-6805 (C) (MO) (CC) (DC)</p>	<p>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</p>
<p>Coconino County Health and Human Services 4402 E. Huntington Dr. Flagstaff, AZ 86004 (928) 679-7272 (C) (MO) (PC) (CC) (DC) Certified Copies of Death and Fetal Death Certificates are Available by Mail Only</p>	<p>For all Mail: PO Box 2111 Phoenix, AZ 85001</p> <p>Mohave County Public Health County Administration Building Drop Box in lobby 700 W. Beale St. Kingman, AZ 86401 <i>Mail to:</i> PO Box 7000 Kingman, AZ 86402 (928) 753-0748 (C) (MO) (CC) (DC) Certified Copies of Death Certificates are Available by Mail Only or Drop Box</p>	<p>Yuma County Health Services Vital Records Department 2200 W. 28th St. Yuma, AZ 85364 (928) 317-4530 (C) (MO) (CC)</p>