Reset Form

REQUEST FOR COPY OF ☐ DEATH ☐ FETAL DEATH ☐ BIRTH RESULTING IN STILLBIRTH

WARNING: False application for a death certificate is a felony offence. If applying by mail signature of applicant must be NOTARIZED or this form must be accompanied by a copy of a VALID GOVERNMENT ISSUED PICTURE I.D. which contains the applicant signature.

Date

Enclosed $ _____ (amount) in _____ (form of payment) for _____ (number of copies)

I. Decedent (Person on Certificate or new name if amended)

State File Number

Name of Deceased (First, Middle, Last) | Date of Death | Sex

Notary Stamp Here

Social Security Number | Are Copies to be Used for US Gov't Claims? ☐ Yes ☐ No | If Yes, List Each Type of Claim

Place of Death - Hospital or Residence (City, County, State)

II. Applicant (Person Making Request) Print Plainly - Return Address

~~Credit/Debit Card~~ ~~MC~~ ☐ ~~Visa~~ ☐ ~~Exp. Date MM/YY~~

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Your Signature ⇨

Your Name

Your Mailing Address (Number & Street)

(Town, State, Zip Code) | e-Mail Address

Relationship to Registrant (e.g. parent, attorney, etc.) | Reason for Request | Phone Number (Required)

State of _____
County of _____
On this _____ day of _____, 20____
before me personally appeared _____ (name of signer),
whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

_____ Notary Signature
_____ My Commission Expires

PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST

PARTICIPATING OFFICE LOCATIONS

Requests for certified copies of death events that occurred prior to 2008 must be requested from the State Office of Vital Records, requests for certified copies beginning 2008 to present can be obtained from a County Office or the State Office. Please note payment types accepted at office locations: Cash (C) - in person only, Money Order (MO), Personal Checks (PC), Credit Cards (CC), Debit Cards (DC).

NOTE: THE STATE OFFICE OF VITAL RECORDS DOES NOT ACCEPT PERSONAL CHECKS (PC)

Apache County Health Department 75 W. Cleveland St. Johns, AZ 85936 (928) 337-7668 **(C) (MO)** ***Mail to:*** PO Box 697 St. Johns, AZ 85936	**Cochise County** Health Department 1415 W. Melody Ln., Bldg. A Bisbee, AZ 85603 (520) 432-9400 **(C) (MO) (DC)** **(CC - Amex, Discover, MC only)**	**Cochise County** Health Department 4115 E. Foothills Drive Sierra Vista, AZ 85635 (520) 803-3900 **(C) (MO) (DC)** **(CC - Amex, Discover, MC only)**
Coconino County Health Department 2500 N. Fort Valley Rd., Bldg. 3 Flagstaff, AZ 86001 (928) 679-8775 **(C) (MO) (PC) (CC)**	**Gila County Health Department** 5515 S. Apache Ave. Suite 300 Globe, Arizona 85501 928-425-8811 **(C) (MO) (PC)**	**Graham County** Health Department 826 W. Main Safford, AZ 85546 (928) 428-0110 **(C) (MO) (PC)**
Greenlee County Health Department Office of Vital Registration 253 5th Street Clifton, AZ 85533 (928) 865-2601 **(C), (MO)** ***Mail to:*** PO Box 936 Clifton, AZ 85533	**La Paz County** Health Department 1112 Joshua Ave., #206 Parker, AZ 85344 (928) 669-1100 **(C) (MO)**	**Maricopa County** Office of Vital Registration 3221 N. 16th St., Suite 100 Phoenix, AZ 85016 (602) 506-6805 **(C) (MO) (PC) (CC)** ***Mail to:*** PO Box 2111 Phoenix, AZ 85001
Maricopa County Office of Vital Registration Department of Public Health 3003 W. Thomas Rd., Suite 200B Phoenix, AZ 85017 (602) 506-6805 **(C) (MO) (PC) (CC)** ***Mail to:*** PO Box 2111 Phoenix, AZ 85001	**Mohave County** Health Department 700 West Beale Street Kingman, AZ 86401 **(C) (MO) (PC)** ***Mail to:*** PO Box 7000 Kingman, AZ 86401	**Navajo County** Health Department 117 E. Buffalo St. Holbrook, AZ 86025 (928) 524-4750 **(C) (MO) (PC)**
Pima County Health Department Vital Records Office 3950 S. Country Club Road Ste. 100 Tucson, AZ 85714 (520) 243-7930 **(C) (MO) (PC) (CC) (DC)**	**Pinal County** Health Department 500 S. Central Ave. Florence, AZ 85232 (520) 866-7318 / (800) 231-8499 **(C) (MO) (PC)** ***Mail to:*** PO Box 2945 Florence, AZ 85232	**Santa Cruz County** Health Services 2150 N. Congress Dr. Suite 115 Nogales, Arizona 85621 (520) 375-7900 **(C) (MO) (CC)**
State Office of Vital Records 1818 W. Adams St. Phoenix, AZ 85007 (602) 364-1300 **(C) (MO) (CC) (DC)** ***Mail to:*** PO Box 3887 Phoenix, AZ 85030	**Yavapai County** Health Department 1090 Commerce Prescott, AZ 86305 (928) 771-3125 **(C) (MO) (PC)** **Requests by mail only**	**Yuma County** Health Services Vital Records Department 2200 W. 28th Street Yuma, AZ 85364 (928) 317-4530 **(C) (MO)**