

REQUEST FOR COPY OF BIRTH CERTIFICATE

WARNING: False application for a birth certificate is a felony offense. Signature of applicant must be NOTARIZED (mail ONLY) 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. Registrant (Person on Certificate)					FOR OFFICE USE ONLY																		
Full Name at Birth			Date of Birth		Date Issued																		
Place of Birth (City, County, State)			Mother's Maiden Name (First, Middle, Last)		Mother's Place of Birth																		
Hospital or Facility			Father's Name (First, Middle, Last)		Father's Place of Birth																		
II. Applicant (Person Making Request)	Credit/Debit Card MC <input type="checkbox"/> Visa <input type="checkbox"/> Exp. Date MM/YY				Subscribed and Sworn to or Affirmed Before Me This _____ Day of _____ My Commission Expires _____																		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																						
Print Plainly - Return Address	Your Signature → _____ Your Name _____ Your Mailing Address (Number & Street) _____ (Town, State, Zip Code) _____ Relationship to Registrant (e.g. parent, attorney, etc.) _____ Reason for Request _____ Phone Number (Required) _____																						

PARTICIPATING OFFICE LOCATIONS

For Arizona **births that occurred from 1990 to the present**, you can request certified copies by mail or in person from the county office locations or from 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).**

Cochise County Health Department 1415 W. Melody Ln., Bldg. A Bisbee, AZ 85603 (520)432-9400 (C) (MO)	Coconino County Health Department 2625 N. King St. Flagstaff, AZ 86004 (928)522-7800 (C) (MO) (PC)	Graham County Health Department 826 W. Main Safford, AZ 85546 (928)428-0110 (C) (MO) (PC)
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	Navajo County Health Department 117 E. Buffalo St. Holbrook, AZ 86025 (928)524-4750 (C) (MO) (PC)	Pima County Health Department Vital Records Office 150 W. Congress, Rm. 194 Tucson, AZ 85701 (520)740-8522 (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	Yavapai County Health Department 1090 Commerce Prescott, AZ 86305 (928)771-3125 (C) (MO) (PC)	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

Several other county offices are preparing to make this service available. If your county is not listed, call the (602)364-1300, or see www.azdhs.gov/vitalrcd for information on where to file your request. The state office has all Arizona birth records back to the 1800's available. For all **births that occurred before 1990**, you MUST file your application with the state office.