


ARIZONA DEPARTMENT OF HEALTH SERVICES VITAL RECORDS SECTION REQUEST FOR COPY OF BIRTH CERTIFICATE		WARNING: False application for a birth certificate is a Felony offence. 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. Office of Vital Records does NOT accept personal checks. Cash accepted in person only		Cash Money Order Visa Master Charge Cashiers-Check
Date	Enclosed \$ _____ IN _____ FOR _____ Amount	(Prior to 1990) Certified Copy \$15.00	(1990 to Present) Certified Copy \$10.00	
I. BIRTH CERTIFICATE OF: For the protection of the individual, certificates of vital events are NOT open to public inspection.			FOR OFFICE USE ONLY	
FULL NAME AT BIRTH		Date of Birth	SEX	
PLACE OF BIRTH (City, County, State)		MOTHERS MAIDEN NAME (First, Middle, Last)		MOTHERS BIRTHPLACE
HOSPITAL OR FACILITY		FATHERS FULL NAME		FATHERS BIRTHPLACE
Credit\Debit Card MC <input type="checkbox"/> or Visa <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Exp. Date MM\YY		
II. PERSON MAKING REQUEST PRINT PLAINLY - RETURN ADDRESS	Your Signature 		Send Completed application and correct fee to: OFFICE OF VITAL RECORDS Arizona Department of Health Services P.O. Box 3887 Phoenix, AZ 85030-3887	
	YOUR NAME			
	YOUR MAILING ADDRESS (NUMBER AND STREET)			
	(TOWN, STATE, ZIP CODE)			
RELATIONSHIP TO PERSON NAMED IN CERTIFICATE (eg. parent, attorney, etc.)		FOR WHAT PURPOSE DO YOU NEED THIS COPY?		Phone Number (Required)
			SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS _____ DAY OF _____ MY COMMISSION EXPIRES _____ ADHS/ADM/Vital Records VS-15A (Rev 11/04)	

For Arizona births that occurred from 1990 to the present, you can request certified copies by mail or in person from the county offices listed below or from the state office. **State Office of Vital Records does not accept personal checks. Please Note Payment Types Accepted at County Offices: Cash (C), Money Order (MO), Personal Checks (PC), Credit Cards (CC), Debit Cards (DC).**

Cochise County Health Department 1415 West Melody Ln., Bldg. A Bisbee, Arizona 85603-3037 520-432-9400 (C) (MO)	Graham County Health Department 826 West Main Safford, Arizona 85546 928-428-0110 (C) (MO) (PC)	Maricopa County Office of Vital Registration 3221 N. 16 th Street Suite 100 Phoenix, Arizona 85016 (mail to) PO Box 2111 Phoenix, Arizona 85001 602-506-6805 (C) (MO) (PC) (CC)
Navajo County Health Department 117 East Buffalo Street Holbrook, Arizona 86025 928-524-4750 (C) (MO) (PC)	Pima County Health Department Vital Records Office 150 West Congress, Rm. 194 Tucson, Arizona 85701 520-740-8522 (C) (PC) (MO) (DC) (CC)	Pinal County Health Department P.O. Box 2945 500 S. Central Avenue Florence, AZ 85232 520-866-7318 / 800-231-8499 (C) (MO) (PC)
Yavapai County Health Department 1090 Commerce Prescott, AZ 86305 928-771-3125 (C) (MO) (PC)		

Several other county offices are preparing to make this service available. If your county is not listed above, call 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. The county offices do not have access to those records.

By Mail: Office of Vital Records PO Box 3887 Phoenix, Arizona 85030 602-364-1300 (CC) (MO) (DC)	In Person: 1818 West Adams Street Phoenix, Arizona 85007 (C) (CC) (MO) (DC)
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