

Mohave County Department of Public Health
Request for Certified Copy of BIRTH Certificate
WARNING: False application for a birth certificate is a felony offense

The person requesting a certificate must submit a copy of an UNEXPIRED, GOVERNMENT ISSUED PICTURE ID that has their signature, OR this form must be notarized.

Mohave County accepts cash or money orders only (payable to MCDPH) - certified copies are \$20.00 each and corrections or amendments are \$30.00 each (you will receive one certified copy with this fee). If a correction or amendment was previously done and a certificate was not requested at the time - the first person to request a certified copy must pay the \$30.00 fee.

Order Info	Date: _____	Amount Paid: \$ _____	Payment method (circle): cash money order	number of copies: _____
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Birth Certificate Information	Name on Certificate (First, Middle, Last): _____	Date of Birth: _____	Sex: _____
	Place of Birth (City, State): _____	Hospital: _____	
	Mother's Name (First, Middle, MAIDEN): _____	Mother's Place of Birth: _____	
	Father's Name (First, Middle, Last): _____	Father's Place of Birth: _____	

Person Requesting Certificate	Applicant's Name: (First, Last) _____	*Relationship to Person on Certificate: (self, parent, etc) _____
	Mailing Address: _____	Town/State: _____ Zip Code: _____
	Phone Number: _____	Reason for Request: _____
	Applicant's Signature: _____	
	Attach copy of ID or notarize below	

Notary Area	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 document.	
	Notary Signature: _____	
	Affix Seal/Stamp Here	
	My Commission Expires: _____	

MCDPH can print *Arizona* birth certificates from 1990 to present. For births prior to 1990, you MUST file your application with the State Office of Vital Records, PO Box 3887, Phoenix, AZ 85030 (602) 364-1300.

*If you are not listed on the birth certificate (child or parent), you must submit proof of relationship (certified marriage or birth certificates) or certified court documents to establish eligibility to receive the record.

Mail to: Mohave County Dept of Public Health, Attn: Vital Records, PO Box 7000, Kingman, AZ 86402 - **OR** -
 Drop Box in Lobby: County Administration Building, 700 W. Beale Street, Kingman, AZ

For questions, call 928-753-0748 or visit www.HealthELinks.com and click on Birth Certificates

Staff Use	Payment verified: _____	ID/Doc's used: _____
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