

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF VITAL RECORDS
AFFIDAVIT
**SWORN STATEMENT REGARDING THE NON RECEIPT OF A BIRTH
OR DEATH CERTIFICATE**

↓ **IMPORTANT – PLEASE READ** ↓

Please complete the following statement regarding the non-receipt of a certified copy of an Arizona birth or death certificate in the mail after purchase. You may complete this form after 30 days has elapsed from the day the certificate(s) was printed (to allow for delivery by the postal department); however, no replacement will be made if 90 days or more has elapsed after the day the certificate(s) was printed. Replacement or re-issue of a certificate must occur at the office where the original certificate was purchased. Please note that the certificate will be mailed to the address provided on the application at the time of purchase, or you may pick up the certificate(s) in person at the issuing office. Please attach a legible photocopy of your government issued picture I.D. Or have your signature notarized on the statement. Mail the completed affidavit and I.D. to the Vital Records Office that issued the certificate.

Name of Person Making Report (Affiant):
Address:
City, State, Zip:
Telephone Number:
Relationship to Registrant:

Name on Vital Record (Registrant):	
Date of Birth:	County:
Date of Death:	County:

I _____, being duly sworn, on oath, that I reside at _____.

Name Address

That I have been informed that on or about _____, there was
Date certificate(s) were issued

mailed to me at _____, by the Office of Vital records,
Address

_____ copies of the purchased certificate(s).
Number

This affidavit further says that **I HAVE NEVER RECEIVED THE CERTIFIED CERTIFICATE(S) FROM THE OFFICE OF VITAL RECORDS.**

This affiant further says that this affidavit is made for the sole purpose of inducing the Office of Vital Records to issue a REPLACEMENT of the said certificate(s) purchased.

I swear and affirm under penalty of perjury that the information given in this statement is true and accurate.

(Affiant's Signature)

Subscribed and Sworn to or Affirmed
before me this _____ day of _____ 20 ____

Notary Signature

My Commission Expires _____

Seal

