

REQUEST FOR COPY OF BIRTH CERTIFICATE

WARNING: False application for a birth certificate is a felony offense. 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. Registrant (Person on Certificate or new name if amended)			State File Number
Full Name at Birth or new name on certificate if name changed		Date of Birth	Sex
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
Credit/Debit Card MC <input type="checkbox"/> 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"/>		Exp. Date MM/YY	
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) _____			
II. Applicant (Person Making Request) Print Plainly - Return Address	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

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).** For all births that occurred before 1990, you **MUST** file your application with the state office.

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

Apache County Health Department 75 W. Cleveland St. Johns, AZ 85936 (928) 337-7525 (C) (MO) Mail to: PO Box 697 St. Johns, AZ 85936	Cochise Health & Social Services 4115 E. Foothills Dr. Sierra Vista, AZ. 85635 (520) 803-3900 (C) (MO) (DC/CC) (Amex, Discover, MC only)	Cochise Health & Social Services 1415 W. Melody Ln., Bldg. A Bisbee, AZ 85603 (520) 432-9400 (C) (MO) (DC/CC) (Amex, Discover, MC only)	Coconino County Public Health Svcs. Dist 2625 N. King St. Flagstaff, AZ 86004 (928) 679-7272 (C) (MO) (DC) (CC) (Visa/MC/Discover) In-person only
Graham County Health Department 826 W. Main Safford, AZ 85546 (928) 428-4441 (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	Maricopa County Office of Vital Registration 3003 W. Thomas Rd., Suite 200B Phoenix, AZ 85017 (602) 506-6805 (C) (MO) (CC) Mail to: PO Box 2111 Phoenix, AZ 85001	Maricopa County Office of Vital Registration 3221 N. 16th St., Suite 100 Phoenix, AZ 85016 (602) 506-6805 (C) (MO) (CC) Mail to: PO Box 2111 Phoenix, AZ 85001
Maricopa County Office of Vital Registration 4419 E. Main St., Suite 105 Mesa, AZ 85205 (602) 506-6805 (C) (MO) (CC) Mail to: PO Box 2111 Phoenix, AZ 85001	Mohave County Public Health County Administration Building Drop Box in lobby: 700 W. Beale Street Kingman, AZ 86401 Mail to: PO Box 7000 Kingman, AZ 86402 (928) 753-0748 (C) (MO)	Navajo County Health Department 117 E. Buffalo St. Holbrook, AZ 86025 (928) 524-4750 (MO)	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 41600 W. Smith-Enke Rd., Bldg. 15 Maricopa, AZ 85138 (520) 866-4621 / (800) 231-8499 (C) (MO) (PC) Mail to: PO Box 2945 Florence, AZ 85132	Pinal County Health Department 36235 N. Gantzel Rd. San Tan Valley, AZ 85142 (520) 866-4670 / (800) 231-8499 (C) (MO) (PC) Mail to: PO Box 2945 Florence, AZ 85132	Yavapai County Health Department 1090 Commerce Prescott, AZ 86305 (928) 771-3125 (C) (MO) (PC) (CC) (DC) Certified Copies of Birth Certificates are Available by Mail Only	Yuma County Health Services Vital Records Department 2200 W. 28th Street Yuma, AZ 85364 (928) 317-4530 (C) (MO)
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/vitalrcrd 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.			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