

Bureau of Vital Records Request for Copy of Birth Certificate

Date Stamp Here

Attention Applicants: All fields with an asterisk (*) next to the field header are required fields that must be completed.

Info	For Office Use Only – State File Number		Order Number		Security Paper Number(s)	
	Please visit the Bureau of Vital Records website https://www.azdhs.gov/policy-intergovernmental-affairs/vital-records for the following information: <ul style="list-style-type: none"> • Fees - \$20 Certified copy; \$30 Correction/Amendment • Locations, office hours, and availability of services • Eligibility requirements and acceptable identification • Correction, amendment, and registration information • Download forms Telephone: 602-364-1300 Apply Online: www.VITALCHEK.com (Refer to website for their current fees)				CUSTOMER MAIL IN CHECKLIST Clear photocopy of the front and back of your valid, signed government photo ID OR have your signature notarized Proof of relationship enclosed is required (birth certificates, certified court documents, marriage certificate, etc) Sign the application/Original signature required Include self-addressed stamped envelope Correct fee enclosed, please do not mail cash- https://www.azdhs.gov/policy-intergovernmental-affairs/vital-records/#fees-home Notary is not applicable for gov't agency requests, please submit copy of gov't agency ID badge.	
Order Info	Today's Date	# of Certified Copies Requested*	# of Non-Certified Copies Requested	Purpose of Request		
				Payment Method	Enclosed Fee \$	
Credit Card Info	Payment Information: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER CARD					
	Card Number*		Card Expiration Date*	CVV#*	Billing Zip Code*	
	*If credit card does not belong to applicant, you must submit a clear copy of the credit card holder's valid, current government photo ID with signature.					
				Amount to be Charged \$		
Birth Certificate Info	Date of Birth*		Sex*	Name on Birth Certificate*		
			<input type="checkbox"/> Male <input type="checkbox"/> Female	First	Middle	Last
	Place of Birth		County		State	Hospital
	Town/City					
	Mother's/Parent's Full Name Prior to First Marriage – Printed*				Date of Birth	State (if US) or Country of Birth
	First	Middle	Last			
	Father's/Parent's Full Name – Printed*				Date of Birth	State (if US) or Country of Birth
First	Middle	Last				
Does person on certificate belong to an Arizona Tribe?			If yes, please specify Tribe:			
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Person Requesting	Applicant's Full Name – Printed*					
	First		Middle		Last	
	Applicant's Signature*				Signature Date*	
	Mailing Address*					
	Street		Apt/Suite #	City	State	Zip
	Daytime Telephone Number*			Email Address*		
Your Relationship to Person on Certificate–Check One* *PROOF of relationship MUST be provided. Documentation must be provided to support eligibility. Parent Self Brother/Sister Grandparent Legal Guardian Spouse Gov't Agency Other: _____ Self, I am at least 16 years of age and either have no residential address or I am in the Department of Child Safety's (DCS) custody. [Arizona Revised Statute 36-324(F)]						
Notary Area	Applicable only if no government issued photo ID is available State of _____ County of _____ On this _____ day of _____, 20____ before me personally appeared _____ (name of signer), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledges that he/she signed the above document. Notary Signature _____ My Commission Expires: _____					Affix Seal/Stamp Here
Office Use Only	<input type="checkbox"/> ID Verified/Notarized Application <input type="checkbox"/> Proof of Eligibility Verified <input type="checkbox"/> CC Holder's ID Verified		Verification: <input type="checkbox"/> Insufficient <input type="checkbox"/> Process		Insufficient Reason: <input type="checkbox"/> No Fee/Incorrect Fee <input type="checkbox"/> Incorrect Payment Type <input type="checkbox"/> CC Expired <input type="checkbox"/> ID Expired/Invalid <input type="checkbox"/> Need Clear Copy of ID <input type="checkbox"/> Need CC Holder's ID w/ Signature	
	Date Issued: _____				<input type="checkbox"/> Need ID w/ Signature <input type="checkbox"/> Need Signature <input type="checkbox"/> Signatures Do Not Match <input type="checkbox"/> Applicant Ineligible <input type="checkbox"/> Not an AZ Record <input type="checkbox"/> Need Documents <input type="checkbox"/> Other: _____	

PARTICIPATING OFFICE LOCATIONS

For walk-in customer service, please visit your nearest local county vital records office providing walk-in service as listed below.

Please note payment types accepted at various office locations: Cash **(C)** - in person only, Money Order/Cashier's Check **(MO)**, Personal Check **(PC)**, Credit Cards **(CC)**, Debit Cards **(DC)**.

Please visit <https://www.azdhs.gov/policy-intergovernmental-affairs/vital-records/#local-county> or call for the most current fee schedule for each office.

State Bureau of Vital Records

Mail to: PO Box 6018
Phoenix, AZ 85005
(602) 364-1300

(C)-In Person Only (MO) (CC) (DC)
150 North 18th Ave., Ste.120
Phoenix, AZ 85007

Apache County Public Health Services District

75 West Cleveland 2nd Floor
St. Johns, AZ 85936
(928) 337-7525
(MO) (CC) (DC)

Mail to: P.O. Box 697
St. Johns, AZ 85936

Cochise County Health and Social Services

Office of Vital Records
Sierra Vista Office
4115 E. Foothills Dr.
Sierra Vista, AZ 85635
(520) 432-9406
(C) (MO) (CC) (DC)

Douglas Office
1012 North G Ave. Ste.101
Douglas, AZ 85607
(520) 805-5606
(C) (MO) (CC) (DC)

Bisbee Office
1415 Melody Lane, Building A
Bisbee, AZ 85603
(520) 432-9411
(C) (MO) (CC) (DC)

Benson Office
126 W. 5th Street
Benson, AZ 85602
(520) 586-8200
(C) (MO) (CC) (DC)

Wilcox Office
450 S. Haskell Ave.
Wilcox, AZ 85643
(520) 384-7100
(C) (MO) (CC) (DC)

All sites offer same day service.
Please send any mail requests to the Sierra Vista
or Bisbee locations only.

Coconino County Health and Human Services

Vital Records
2625 N. King St.
Flagstaff, AZ 86004
(928) 679-7272
(C) (MO) (PC) (CC)
<https://coconino.az.gov/>

Gila County Health & Emergency Management

Office of Vital Records
5515 S. Apache Ave., Ste.100
Globe, AZ 85501
(928) 402-8811
(C) (PC) (MO) (CC) (DC)

Graham County Health Department

820 W. Main
Safford, AZ 85546
(928) 428-4441

(C) (MO) (PC) (CC) (DC)

**Greenlee County Health Department
Office of Vital Registration**

253 5th St.
Clifton, AZ 85533
(938) 865-2601

(C) (MO)

Mail to: PO Box 936
Clifton, AZ 85533

**Maricopa County Office of Vital
Registration Central Valley Office**

3221 N. 16th St., Ste.100
Phoenix, AZ 85016
(602) 506-6805

(C) (MO) (CC) (DC)

Mail to: P.O. Box 2111,
Phoenix, AZ 85001

Glendale Office
5141 W. Lamar Rd.,
Glendale, AZ 85301
(602) 506-6805
(C) (MO) (CC) (DC)

East Valley Office
331 E. Coury Ave.
Mesa, AZ 85210
(602) 506-6805
(C) (MO) (CC) (DC)

Northwest Valley Office
8088 W. Whitney Dr., Ste 2A
Peoria, AZ 85345
(602) 506-6805
(C) (MO) (CC) (DC)

Goodyear Office
14130 W. McDowell Rd
Goodyear, AZ 85395
(602) 506-6805
(C)(MO)(CC)(DC)

Mohave County Public Health
County Administration Building Drop Box
in lobby 700 W. Beale St.

Kingman, AZ 86401
Mail to: PO Box 7000
Kingman, AZ 86402
(928) 753-0748

(C) (MO) (CC) (DC)

Certified Copies of Birth Certificates are
Available by **Mail Only or Drop Box**

Navajo County Public Health Services District

117 E. Buffalo St.
Holbrook, AZ 86025
(928) 524-4750
(MO) (CC) (DC)

**Pima County Health Department
Vital Records Office**

3950 S. Country Club Road Ste.100
Tucson, AZ 85714
(520) 724-7932
(C) (MO) (CC) (DC)

Pinal County Public Health Services District

36235 N. Gantzel Rd.
San Tan Valley, AZ 85140
1-866-960-0633
(C) (MO) (CC) (DC)

Pinal County Public Health Services District

41680 W. Smith-Enke Rd.,
Suite 110
Maricopa, AZ 85138
1-866-960-0633
(C) (MO) (CC) (DC)

Pinal County Public Health Services District

Florence - **Mail Only**
P.O. Box 2945
Florence, AZ 85132
1-866-960-0633
(C) (MO) (CC) (DC)

Pinal County Public Health Services District

1729 N. Trekeil Rd. Ste.120
Casa Grande, AZ 85122
1-866-960-0633
(C) (MO) (CC) (DC)

Pinal County Public Health Services District

1870 W. American Ave.
Oracle, AZ 85623
1-866-960-0633
(C) (MO) (CC) (DC)

Yavapai County Health Department

1090 Commerce Dr.
Prescott, AZ 86305
(928) 771-3125

(C) (MO) (PC) (CC/DC)

Certified Copies of Birth Certificates and Death
Certificates are Available by Mail Only

Yuma County Health Services

Vital Records Department
2200 W. 28th St.
Yuma, AZ 85364
(928) 317-4530
(C) (MO) (CC)