

**FOR OFFICE USE ONLY**  
SFN # 102 -

ARIZONA DEPARTMENT OF HEALTH SERVICES  
BUREAU OF VITAL RECORDS  
**APPLICATION FOR FOREIGN-BORN REGISTRATION**

NUMBER OF COPIES: \_\_\_\_\_ AMOUNT ENCLOSED : \_\_\_\_\_

DOES THE REGISTRANT HAVE A REGISTERED FOREIGN-BORN BIRTH CERTIFICATE IN ANOTHER STATE?  YES  NO IF YOU ANSWERED YES, PLEASE SPECIFY THE STATE \_\_\_\_\_

BIRTH FACTS OF REGISTRANT (AFTER ADOPTION)	NAME: FIRST	MIDDLE	LAST	SUFFIX
	DATE OF BIRTH: MONTH DAY YEAR	SEX	PLACE OF BIRTH: TOWN OR CITY	COUNTRY

ADOPTIVE PARENTS' INFORMATION	FATHER'S NAME: FIRST	MIDDLE	LAST	DATE OF BIRTH	PLACE OF BIRTH: (STATE OR COUNTRY)
	MOTHER'S NAME: FIRST	MIDDLE	LAST NAME : (BEFORE MARRIAGE)	DATE OF BIRTH	PLACE OF BIRTH: (STATE OR COUNTRY)

PAYMENT INFORMATION	DATE	PAID BY <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIER'S CHECK <input type="checkbox"/> CREDIT/DEBIT (CASH IN PERSON ONLY; <b>NO PERSONAL CHECKS</b> )												EXP. DATE MM/YY																	
	<input type="checkbox"/> VISA	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													
	<input type="checkbox"/> M/C																														

<b>APPLICANT SIGNATURE</b>	State of _____, County of _____		
PRINT NAME: FIRST	LAST		
MAILING ADDRESS: (NUMBER & STREET OR PO BOX)		APARTMENT #	
CITY/TOWN	STATE	ZIP CODE	
DAYTIME TELEPHONE NUMBER	RELATIONSHIP TO REGISTRANT		
( )			

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally appeared \_\_\_\_\_ (name of signer), whose identify was Proven 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 PUBLIC SIGNATURE \_\_\_\_\_

My Commission expires \_\_\_\_\_

SEAL

PLEASE SEND COMPLETED AND SIGNED APPLICATION, CORRECT FEE, AND ALL REQUIRED DOCUMENTS, TO:  
BUREAU OF VITAL RECORDS  
PO BOX 6018  
PHOENIX, AZ 85005

**SIGNATURE OF APPLICANT MUST BE NOTARIZED, OR THIS FORM MUST BE ACCOMPANIED BY A COPY OF A VALID GOVERNMENT-ISSUED PHOTO ID THAT CONTAINS THE APPLICANT'S SIGNATURE.**  
PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE WITH THE APPLICATION.