

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://azdhs.gov/licensing/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 <ul style="list-style-type: none"> <input type="checkbox"/> Clear photocopy of the front and back of your valid, signed government photo ID OR have your signature notarized <input type="checkbox"/> Proof of relationship enclosed is required (birth certificates, certified court documents, marriage certificate, etc) <input type="checkbox"/> Sign the application/Original signature required <input type="checkbox"/> Include self-addressed stamped envelope <input type="checkbox"/> Correct fee enclosed, please do not mail cash- https://azdhs.gov/licensing/vital-records/index.php#fees-home <input type="checkbox"/> 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 \$ _____		
	Print Name of Card Holder* _____ Signature of Card Holder* _____		
Birth Certificate Info	Date of Birth*	Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female	Name on Birth Certificate* First Middle Last
	Place of Birth Town/City County State		Hospital
	Mother's/Parent's Full Name Prior to First Marriage – Printed* First Middle Last		Date of Birth State (if US) or Country of Birth
	Father's/Parent's Full Name – Printed* First Middle Last		Date of Birth State (if US) or Country of Birth
	Does person on certificate belong to an Arizona Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify Tribe: _____		
Person Requesting	Applicant's Full Name – Printed* First Middle Last Applicant's Signature* _____ Signature Date* _____		
	Mailing Address* Street 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 Date Issued: _____	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 <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

The State Bureau of Vital Records Office does not provide walk-in service for birth certificate issuance. Services available at the Bureau of Vital Records by appointment only are delayed birth registration, adoptions, foreign born, putative father, and amendments and corrections for births that occurred prior to 1997.

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://azdhs.gov/licensing/vital-records/index.php#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) By Appt Only: 150 North 18th Ave., Ste.120 Phoenix, AZ 85007 Certified Copies of Birth and Death Certificates are Available by Mail Only	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 (928) 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) Glendale Office 5141 W. Lamar Rd., Phoenix, 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) West Valley Office 1850 N 95th Ave., Ste.182 Phoenix, AZ 85037 (602) 506-6805 (C) (MO) (CC) (DC) For all Mail: PO Box 2111 Phoenix, AZ 85001 Northwest Valley Office 8088 W. Whitney Dr., Ste 2A Peoria, AZ 85345 (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. Trekell Rd. Ste.120 Casa Grande, AZ 85122 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)
Apache County Public Health Services District 75 West Cleveland 2nd Floor St. Johns, AZ 85936 (928)337-7525 (MO) (CC) (DC) Mail to: PO 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)	