

ARIZONA DEPARTMENT OF HEALTH SERVICES VITAL RECORDS SECTION		WARNING: False application for a birth certificate is a Felony offence. Signature of applicant MUST BE NOTARIZED (Mail ONLY) OR this form must be accompanied by a COPY OF A VALID GOVERNMENT ISSUED PICTURE I.D. which contains the applicant signature.		Effective September 1, 2004 Office of Vital Records does NOT accept personal checks.
<b>APPLICATION FOR COPY OF DEATH/FETAL DEATH OR CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH</b>				
DATE	ENCLOSED \$ _____ IN _____ FOR _____	COPIES OF THE FOLLOWING DEATH CERTIFICATE		FOR OFFICIAL USE ONLY
1. NAME OF DECEASED - First, Middle, Last			STATE FILE NUMBER	
2. DATE OF DEATH - Month, Day, Year		SEX	SOCIAL SECURITY NUMBER (Necessary for positive identification)	
3. PLACE OF DEATH - Hospital or Residence			TOWN, STATE, ZIP CODE  ARIZONA	
4. IF MARRIED IS WIFE/HUSBAND OF DECEASED NOW LIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES LIST NAME - First, Middle, Last		
5. HOW WILL COPIES BE USED?		ARE COPIES TO BE USED FOR U.S. GOVT CLAIMS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST EACH TYPE OF CLAIM	
Credit\Debit Card <input type="checkbox"/> MC <input type="checkbox"/> or Visa <input type="checkbox"/>		Exp. Date MM\YY <input type="text"/> <input type="text"/>		
6. SIGNATURE OF APPLICANT (The regulations require a signed application)		RELATIONSHIP TO DECEASED?		
7. TYPE OR PRINT NAME AND CORRECT MAIL ADDRESS BELOW	NAME		8. Phone Number (Required)	
	YOUR MAILING ADDRESS (NUMBER AND STREET)		Money Order, Visa, Master Charge, Cashiers-Check, Cash	
	TOWN, STATE, ZIP CODE		Send Completed application and correct fee to: OFFICE OF VITAL RECORDS Arizona Department of Health Services P.O.Box 3887 Phoenix, AZ 85030-3887	
			SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS DAY OF _____ NOTARY'S SIGNATURE _____ MY COMMISSION EXPIRES _____	
ADHS/ADM/Vital Records VS-158 (Rev. 09/04)				

During up to the first 30 days following the registration of a death certificate you can request certified copies by mail or in person from the county office in the county where the death occurred if they are listed below. **Please Note Payment Options Accepted: Cash (C), Money Order (MO), Personal Checks (PC), Credit Cards (CC), Debit Cards (DC).**

<b>Cochise County</b> Health Department 1415 Melody Lane, Bldg. A Bisbee, Arizona 85603-3037 520-432-9400 (C) (MO)	<b>Coconino County</b> Health Department 2625 North King Street Flagstaff, Arizona 86004 928-226-2715	<b>Graham County</b> Health Department 826 West Main Safford, Arizona 85546 928-428-1962 (C) (MO) (PC)
<b>Maricopa County</b> Office of Vital Registration 1825 East Roosevelt Street Phoenix, Arizona 85006 (Mail to): PO Box 2111 Phoenix, Arizona 85001 602-506-6805 (C) (MO) (PC) (CC)	<b>Navajo County</b> Health Department 117 East Buffalo Street Holbrook, Arizona 86025 928-524-4750 (C) (MO) (PC)	<b>Pima County</b> Health Department Vital Records Office 150 W. Congress Rm. 194 Tucson, AZ 85701 520-740-8522 (C) (PC) (MO) (DC) (CC)
<b>Pinal County</b> Health Department 500 S. Central Avenue (Mail to): P.O. Box 2945 Florence, AZ 85232 928-771-3125	<b>Yavapai County</b> Health Department 1090 Commerce Prescott, AZ 86305 928-771-3125 (C) (MO) (PC)	<b>Yuma County</b> Health Department 2200 West 28 Street, Suite 137 Yuma, AZ 85364 928-317-4530

Starting 30 days after the date of death, or if death occurred in an Arizona county not listed above, you can request certified copies of a death certificate from the state office at:

<b>By Mail:</b> Office of Vital Records PO Box 3887 Phoenix, Arizona 85030 602-364-1300 (MO) (DC) (CC)	<b>In Person:</b> Office of Vital Records 1818 West Adams Street Phoenix, Arizona 85007 (C) (MO) (DC) (CC)
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