



# REQUEST FOR CERTIFIED COPY OF ARIZONA BIRTH CERTIFICATE

Pima County Vital Records  
3950 S. Country Club Rd.  
Tucson AZ, 85714  
(520)724-7932

<p><b>Mail to:</b> Pima County Vital Records 3950 S. Country Club Rd. Tucson, AZ 85714</p> <p><b>Fees:</b> \$20 for each certified copy \$30 per correction or major change to an AZ birth record</p> <p><b>Do not mail cash</b></p>	<p><b>CUSTOMER CHECKLIST</b></p> <p><input type="checkbox"/> ID Required - front and back photocopy of your valid, signed government photo ID OR notarized signature on application</p> <p><input type="checkbox"/> Don't forget to sign the application</p> <p><input type="checkbox"/> Include a self-addressed stamped envelope</p> <p><input type="checkbox"/> Correct fee required – no cash</p> <p><input type="checkbox"/> Include any required documents (e.g. proof of relationship, etc.)</p>
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Order Info	Today's Date	Payment Method	Purpose of Request	#of copies requested	Amount Enclosed
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Birth Certificate Information	Name on Birth Certificate				
	First	Middle		Last	
	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Town/City of Birth	County of Birth	Hospital
	Mother's/Parent's First Name		Middle	Mother's Maiden Name	Date of Birth
Father's/Parent's First Name		Middle	Last	Date of Birth	Sate/Country of Birth

Person Requesting Certificate	Applicant's Signature (Required)			Print Applicant's Full Name: First, Middle, Last		
	Cell/Telephone Number			Email		
	Mailing Address					
	Street	Apt/Suite		City	State	Zip Code
<p><b>Your Relationship to Person on Certificate</b> – Check One *PROOF of relationship MUST be provided if you are NOT named on the certificate.</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Other _____</p>						

Credit Card	Payment Information					
	_____ - _____ - _____ - _____		____/____		<input type="checkbox"/> VISA <input type="checkbox"/> MC	
	Card Number		Card Expiration Date		*Must attach copy of credit card holder's valid, current government photo ID with signature.	
_____		\$20 x _____ = \$ _____				
Card Holder Signature		#of Copies		Amount to be Charged		

Notary Area	State of _____ County of _____					Affix Notary Stamp Below
	On this ____ day of _____, 20__ before me personally appeared _____ (name of signer), whose identity as proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledge that he/she signed the above document.					
	Notary Signature _____ My commission Expires _____					

Office Use Only	<input type="checkbox"/> ID Verified <input type="checkbox"/> Proof of Eligibility Verified			State File Number _____		
	<b>Verification:</b> <input type="checkbox"/> Process <input type="checkbox"/> Insufficient <input type="checkbox"/> Call			Request ID _____		
	<b>Insufficient Reason:</b>			Date Entered _____		
	<input type="checkbox"/> No Fee/Incorrect Fee	<input type="checkbox"/> Need Clear Copy of ID	<input type="checkbox"/> Applicant Ineligible	Date Issued _____		
	<input type="checkbox"/> Incorrect Payment Type	<input type="checkbox"/> Need CC holder's ID w/Signature	<input type="checkbox"/> Not an AZ Record	Serial Number _____		
<input type="checkbox"/> CC Expired/Declined	<input type="checkbox"/> Need ID w/Signature	<input type="checkbox"/> Need Documents	Receipt # _____			
<input type="checkbox"/> ID Expired/Invalid	<input type="checkbox"/> Need Signature	<input type="checkbox"/> Other _____				