



REQUEST FOR CERTIFIED COPY OF ARIZONA DEATH CERTIFICATE

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

<p>Mail to: Pima County Vital Records 3950 S. Country Club Rd. Tucson, AZ 85714</p> <p>Fees: \$20 for each certified copy \$30 per correction or major change to an AZ death record</p> <p>Do not mail cash</p>	<p>CUSTOMER CHECKLIST</p> <ul style="list-style-type: none"> <input type="checkbox"/> ID Required - front and back photocopy of your valid, signed government photo ID OR notarized signature on application <input type="checkbox"/> Don't forget to sign the application <input type="checkbox"/> Include a self-addressed stamped envelope <input type="checkbox"/> Correct fee required – no cash <input type="checkbox"/> Include any required documents (e.g. proof of relationship, etc.)
--	--

Order Info	Today's Date	Payment Method	Purpose of Request	#of copies requested	Amount Enclosed
------------	--------------	----------------	--------------------	----------------------	-----------------

Death Certificate Information	Are Copies for Government Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Each Type of Claim	Special Request (e.g. with cause, pending, additional request)		
Name on Death Certificate					
First		Middle		Last	
Date of Death	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security Number	Funeral Home or Donation Facility	
Place of Death					
<input type="checkbox"/> Hospital		<input type="checkbox"/> Residence		<input type="checkbox"/> Other _____	
		City		County	
				State	

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					
Your Relationship to Person on Certificate – Check One				(Beneficiary, Insurance Policy, Will, Personal Representative, Property, etc.) Documentation must be provided to support this legal interest.									
<input type="checkbox"/> Parent		<input type="checkbox"/> Brother/Sister		<input type="checkbox"/> Grandparent		<input type="checkbox"/> Spouse		<input type="checkbox"/> Gov't Agency		<input type="checkbox"/> Other		<input type="checkbox"/> Legal Interest	

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

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