

PIMA COUNTY HEALTH DEPARTMENT

\$20.00

each copy

REQUEST FOR COPY OF DEATH FETAL DEATH BIRTH RESULTING IN STILLBIRTH

Make money order/check out to:
Vital Records.
Do not mail cash.

Enclosed \$ _____ (amount) in _____ (form of payment) for _____ (number copies)
ca, ck, c/d, m/o

I. Decedent (Person on Certificate or new name if amended)

Name of Deceased (First, Middle, Last)	Date of Death	Sex
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Place of Death - Hospital or Residence (City, County, State)	Are Copies to Used for US Gov't Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Each Type of Claim
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Credit/Debit Card MC <input type="checkbox"/> VISA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Exp. Date MM/YY
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WARNING: False application for a death certificate is a felony offense. If applying by mail signature of applicant must be NOTORIZED or this form must be accompanied by a copy of a VALID GOVERNMENT ISSUED PICTURE I.D. which contains the applicant signature.

III. APPLICANT (Person Making Request) Print Plainly - Return Address	Your Signature _____ Your Name _____ Your Address (Number and Street) _____ City, State, Zip Code _____	Relationship _____ Telephone number _____ Mail to: PIMA COUNTY HEALTH DEPT. Office of Vital Records 3950 S. Country Club Rd, Tucson, AZ 85714 www.pimahealth.org
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OFFICE NOTES:

Date Issued: _____ Certificate #: _____

OFFICE USE ONLY:

Subscribed and sworn to or affirmed before me this _____
 Day of _____
 Notary's Signature _____
 My Commission Expires _____