



REQUEST FOR CERTIFIED COPY OF ARIZONA BIRTH CERTIFICATE

Pima County Vital Records
3950 S. Country Club Rd.
Tucson AZ, 85714
(520)724-7770

<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 birth record</p> <p>Do not mail CASH</p>	<p>CUSTOMER CHECKLIST</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—checks, money order, Visa or Mastercard accepted. 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	#of Copies Requested	Payment Method	Amount Enclosed	Purpose of Request
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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	State/Country of Birth
	Father's/Parent's First Name	Middle	Last	Date of Birth	State/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)			

Your Relationship to Person on Certificate – Check One *PROOF of relationship MUST be provided if you are NOT named on the certificate.

Parent Self Brother/Sister Adult Child Grandparent Legal Guardian Spouse Other _____

Credit Card	Payment Information			
	_____ - _____ - _____ / _____ Card Number	_____ / _____ Card Expiration Date	<input type="checkbox"/> VISA <input type="checkbox"/> MC	*Must attach copy of credit card holder's valid, current government photo ID with signature.
	_____	\$20 x _____ = \$ _____	# 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"/> Documents Verified <input type="checkbox"/> CC Holder's ID Verified	State File Number _____
	Verification: <input type="checkbox"/> Process <input type="checkbox"/> Insufficient <input type="checkbox"/> Call	D.A.V.E. ID _____
	Insufficient Reason:	Date Entered _____
	<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 _____	Date Issued _____
		Serial Number _____
	Receipt # _____	