



# REQUEST FOR CERTIFIED COPY OF ARIZONA DEATH CERTIFICATE

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

<b>Mail to:</b> Pima County Vital Records 3950 S. Country Club Rd. Tucson, AZ 85714  <b>Fees:</b> \$20 for each certified copy \$30 per correction or major change to an AZ death record  <b>Do not mail CASH</b>	<b style="color: red;">CUSTOMER CHECKLIST</b> <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—checks, money order, Visa or Mastercard accepted. <b>NO CASH.</b> <input type="checkbox"/> Include any required documents (e.g. proof of relationship, etc.)
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Order Info	Today's Date	#of Copies Requested	Payment Method	Amount Enclosed	Purpose of Request
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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		Suffix	
Date of Death	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security Number	Name of 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 <span style="color: red;">(Required)</span>	Print Applicant's Full Name: First, Middle, Last
	Cell/Telephone Number	Email
Mailing Address (Street, Apt/Suite, City, State, Zip Code)		
<b>Your Relationship to Person on Certificate</b> – Check One <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Adult Child <input type="checkbox"/> Adult Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Interest <input type="checkbox"/> Other		
<span style="color: red;">(Beneficiary, Insurance Policy, Will, Personal Representative, Property, etc.) Documentation must be provided to support this legal interest.</span>		

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

Notary Area	State of _____ County of _____ 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 _____	<b>Affix Notary Stamp Below</b>
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Office Use Only	<input type="checkbox"/> ID Verified <input type="checkbox"/> Documents Verified <input type="checkbox"/> CC Holder's ID Verified <b>Verification:</b> <input type="checkbox"/> Process <input type="checkbox"/> Insufficient <input type="checkbox"/> Call <b>Insufficient Reason:</b> <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 _____	<b>State File Number</b> _____ <b>D.A.V.E. ID</b> _____ <b>Date Entered</b> _____ <b>Date Issued</b> _____ <b>Serial Number</b> _____ <b>Receipt #</b> _____
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