REQUEST FOR CERTIFIED
COPY OF ARIZONA FETAL DEATH CERTIFICATE

Mail to: Pima County Vital Records
3950 S. Country Club Rd.
Tucson, AZ 85714

Fees: $20 for each certified copy
$30 per correction or major
change to an AZ Fetal Death Record

Do not mail cash

CUSTOMER CHECKLIST

☐ ID Required - front and back photocopy of your valid, signed
government photo ID OR notarized signature on application
☐ Don't forget to sign the application
☐ Include a self-addressed stamped envelope
☐ Correct fee required–checks, money order, Visa or Mastercard accepted. **NO CASH.**
☐ Include any required documents (e.g. proof of relationship, etc.)

Order Info

Today's Date	Request for Certified Copy of: ☐ Fetal Death ☐ Certified of Birth Resulting in Stillbirth	#of Copies Requested	Payment Method	Amount Enclosed

Death Certificate Information

Name on Fetal Death Certificate

First   Middle   Last   Suffix

Date of Delivery | Place of Delivery ☐ Hospital ☐ Home ☐ Other Facility   City, County, State

Mother's Maiden Name

First   Middle   Last

Funeral Home (If Applicable) | Purpose of Request

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 ☐ Other _____

Credit Card

Payment Information

__ __ __ __ -__ __ __ __ -__ __ __ __ -__ __ __ __   __ __/__ __   ☐ VISA ☐ MC   *Must attach copy of credit card holder's valid, current government photo ID with signature.

Card Number   Card Expiration Date

_____ $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

☐ ID Verified   ☐ Documents Verified   ☐ CC Holder's ID Verified

Verification: ☐ Process ☐ Insufficient ☐ Call
Insufficient Reason:

☐ No Fee/Incorrect Fee   ☐ Need Clear Copy of ID   ☐ Applicant Ineligible

☐ Incorrect Payment Type   ☐ Need CC holder's ID w/Signature   ☐ Not an AZ Record

☐ CC Expired/Declined   ☐ Need ID w/Signature   ☐ Need Documents

☐ ID Expired/Invalid   ☐ Need Signature   ☐ Other _____

State File Number _____

D.A.V.E. ID _____

Date Entered _____

Date Issued _____

Serial Number _____

Receipt # _____