



FUNERAL HOME REQUEST FOR CERTIFIED COPY OF DEATH CERTIFICATE

Pima County Vital Records
3950 S. Country Club Rd.
Tucson AZ, 85714
(520)724-7920
Fax : (520)792-9113

NUMBER OF COPIES REQUESTED & AMOUNT DUE

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|--|
| Fetal Death (\$20) | Stillbirth (\$20) | Gov't Claim (VA) | Gov't Claim (SSA) | Death Certificate (\$20) | \$ Total Cost | ILLEGIBLE APPLICATIONS WILL BE REJECTED | |
| Name of Decedent on Record | | | | | | Today's Date | |
| First | | Middle | | Last | | | |
| Date of Death | Date of Birth | County of Death | | | | OFFICE USE ONLY | |
| | | | | | DAVE ORDER # | | |
| Funeral Home | | | | | SFN | | |
| Funeral Director's Signature | | | | | Date Issued | | |
| Funeral Director's Name Printed | | | | | License# | | |
| Applying on behalf of | | | | | SERIAL#-VA COPY | | |
| Special Request (e.g. with cause , additional request, shipper, correction) | | | | | SERIAL#-SSA COPY | | |
| | | | | | SERIAL#(S)-Certified | | |
| | | | | | Receipt # | | |
| Payment Type: <input type="checkbox"/> Cash: _____ <input type="checkbox"/> Check: _____ \$20 x _____ = _____ CK# _____ # of Copies _____ Amt. Charged _____ | | | | C.C. Information <input type="checkbox"/> VISA <input type="checkbox"/> MC _____ - _____ - _____ Card Number _____ / _____ Card Expiration Date _____ Card Holder Signature | | | |