

REQUEST FOR CERTIFIED COPY OF ARIZONA BIRTH 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 birth record Do not mail CASH	<p style="text-align: center; color: red;">CUSTOMER CHECKLIST</p> <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 is required. Checks, money order, Visa or Mastercard are accepted. NO CASH <input type="checkbox"/> Include any required documents (e.g. proof of relationship, etc.)					
Order Info	Today's Date	# of Copies Requested	Payment Method	Amount Enclosed	Purpose of Request	
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. <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Adult Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____					
Credit Card	Payment Information _____ / _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC <small>Card Number Card Expiration Date</small> _____ <small>Printed name of card holder Card holder signature</small>					
	Must attach copy of credit card holder's valid, current government photo ID with signature. \$20 x _____ = \$ _____ <small>No. of Copies Amount to be Charged</small>					
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 acknowledged that the/she signed the above document.					
	Notary signature _____ My commission expires _____					
Office Use Only	<input type="checkbox"/> ID Verified/Notarized <input type="checkbox"/> Proof of Eligibility 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 Insufficient Reason:				D.A.V.E. ID _____	
	<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 with Signature		<input type="checkbox"/> Not an AZ Record	
	<input type="checkbox"/> CC Expired/Declined		<input type="checkbox"/> Need ID with Signature		<input type="checkbox"/> Need Documents	
<input type="checkbox"/> ID Expired/Invalid		<input type="checkbox"/> Need Signature		<input type="checkbox"/> Other _____		
				Date Entered _____		
				Date Issued _____		
				Serial Number _____		