



# Maricopa County Department of Public Health

## Request for Certified Copy of ARIZONA Fetal Death Certificate

Date Stamp Here

**Mail Application:** MCOVER (Maricopa County Office of Vital Registration)  
**PO Box 2111 – Phoenix AZ – 85001**

**Apply In Person:** 4 Locations Valley wide

**Fees:** \$20.00 per Certified Copy  
 \$30.00 per Correction or Major Change to an AZ Birth Record  
 \$5.00 per Government Request or Genealogical Research ONLY

**Please! No Cash or Checks – Thank you!**

- CUSTOMER Checklist**
- ID Required - **Front and Back** Photocopy of Your Valid, Signed Government Photo ID **OR** Have Your Signature Notarized on Application
  - Sign the Application – **Don't Forget!**
  - Include a Self-Addressed Stamped Envelope
  - Correct Fee Required – Please, no Cash or Checks
  - Include Required Documents (e.g. Proof of Relationship, etc.)

Order Info	Today's Date	Certified Copy of: <input type="checkbox"/> Fetal Death <input type="checkbox"/> Stillbirth	Purpose of Request	# of Certified Copies	# of Non-Certified Genealogy Copies	Payment Method	Amount Enclosed
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Fetal Death Certificate Info	<b>Name on Fetal Death Certificate</b>						
	<b>First</b>		<b>Middle</b>		<b>Last</b>		<b>Suffix</b>
	<b>Date of Delivery</b>	<b>Place of Delivery</b>	<b>County of Delivery</b>	<b>Funeral Home (If Applicable)</b>			
<b>Mother's Maiden Name/Parent</b>							
<b>First</b>		<b>Middle</b>			<b>Last</b>		

Person Requesting Certificate	<b>Applicant's Signature (Required)</b>			<b>Print Applicant's Full Name: First, Middle, Last</b>		
	<b>Email</b>			<b>Cell/Telephone Number</b>		
	<b>Mailing Address</b>					
	<b>Street</b>	<b>Apt/Suite</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Your Relationship to Person on Certificate - Check One *PROOF of eligibility MUST be provided if you are NOT named on the certificate.</b>						
<input type="checkbox"/> Parent <input type="checkbox"/> Other _____						

Notary Area	State of _____ County of _____					
	On this _____ day of _____, 20____ before me personally appeared _____ (name of signer), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledges that he/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			<b>Order Number</b> _____		
	<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 with Signature <input type="checkbox"/> Not an AZ Record <input type="checkbox"/> CC Expired <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>Date Entered</b> _____			
			<b>Date Issued</b> _____			
			<b>Serial Numbers</b> _____			
			<b>Receipt #</b> _____			

Credit Card	<b>Payment Information</b> <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER					
	Card Number		Card Expiration Date	CVV#	Billing Zip Code	
	Signature of Card Holder _____		\$20.00 X _____ = \$ _____	# of Paid Copies Requested <b>Amount to be Charged</b>		

\*Must attach copy of credit card holder's valid, current government photo ID with signature.

**Apply by Mail:**

**Send Complete, Signed Application with Fee **and** a Self-Addressed Stamped Envelope to:**

**MCOVR (Maricopa County Office of Vital Registration)  
PO Box 2111 – Phoenix AZ – 85001**

[MaricopaVitalRecords.com](http://MaricopaVitalRecords.com) - Download and Print Forms, Read FAQs and Directions

**Apply In Person: **4 Locations Valley wide****

Central Valley - 3221 N. 16<sup>th</sup> St., Ste. 100, Phoenix 85016 (1 Block S. of Osborn)

North Valley - 2423 W. Dunlap Ave., Ste. 110, Phoenix 85021 (E. of I-17 Exit Dunlap)

West Valley - 1850 N. 95<sup>th</sup> Ave., Ste. 182, Phoenix 85037 (101 Fwy/N. of McDowell)

East Valley - 331 E. Coury Ave., Mesa, AZ 85210 (S. of US 60 Exit Mesa Drive)

**Hours:** Monday-Friday 8:00am-4:30pm – Closed holidays and other dates

**Phone:** 602-506-6805

**Apply Online:** [VitalChek.com](http://VitalChek.com) – Additional fees for service in addition to cost per certified copy.

**\*\*Mail and walk-in services may be faster and with no add-on fees!**

<b>Fees:</b>	<b>\$20.00</b>	Per Certified Copy
	<b>\$30.00</b>	Change to vital record and fee includes 1 certified copy
	<b>\$5.00</b>	Per Government Request or Genealogical Research ONLY

**Questions? Call or Stop in! We are here to assist you.**