



# Maricopa County Department of Public Health

## Request for Certified Copy of ARIZONA Birth Certificate

Date Stamp Here

<b>Mail Application to:</b> MCOVR (Maricopa County Office of Vital Registration) <b>PO Box 2111 – Phoenix AZ – 85001</b>	<p style="text-align: center; color: red;"><b>CUSTOMER Checklist</b></p> <input type="checkbox"/> ID Required - <b>Front and Back</b> Photocopy of Your Valid, Signed Government Photo ID <b>OR</b> Have Your Signature Notarized on Application <input type="checkbox"/> Sign the Application – <b>Don't Forget!</b> <input type="checkbox"/> Include a Self-Addressed Stamped Envelope <input type="checkbox"/> Correct Fee Required – Please, no Cash or Checks <input type="checkbox"/> Include Required Documents (e.g. Proof of Relationship, etc.)
<b>Apply In Person: 4 Locations Valley wide</b> <b>Fees: \$20.00</b> per Certified Copy <b>\$30.00</b> per Correction or Major Change to an AZ Birth Record <b>\$5.00</b> per Government Request or Genealogical Research ONLY <b>Please! No Cash or Checks – Thank you!</b>	

Order Info	Today's Date	Purpose of Request	# of Certified Copies Requested	# of Non-Certified Genealogy Copies Requested	Payment Method	Amount Enclosed
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<b>Birth Certificate Information</b>	<b>Name on Birth Certificate</b>					
	<b>First</b>		<b>Middle</b>		<b>Last</b>	
	<b>Date of Birth</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Town/City of Birth</b>	<b>County of Birth</b>	<b>Hospital</b>	
	<b>Mother's/Parent's First Name</b>		<b>Middle</b>	<b>Last Name Prior to Marriage</b>		<b>Date of Birth</b>
	<b>Father's/Parent's First Name</b>		<b>Middle</b>	<b>Last</b>		<b>Date of Birth</b>
	<b>State (if US) or Country of Birth</b>					
<b>Do you belong to an Arizona Tribe?</b>		<b>If yes, please specify tribe.</b>				

<b>Person Requesting Certificate</b>	<b>Applicant's Signature (Required)</b>			<b>Print Applicant's Full Name: First, Middle, Last</b>		
	<b>Cell/Telephone Number</b>			<b>Email</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 relationship MUST be provided if you are NOT named on the certificate.</b> <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Other _____ <span style="color: red; font-size: small;">Documentation must be provided to support eligibility.</span>						

<b>Notary Area</b>	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 _____					

<b>Office use Only</b>	<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>State File Number</b> _____	
	<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>Date Entered</b> _____	
				<b>Date Issued</b> _____		
				<b>Serial Numbers</b> _____		
				<b>Receipt #</b> _____		

<b>Credit Card</b>	<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 _____ = \$ _____		*Must attach copy of credit card holder's valid, current government photo ID with signature.	
		# of Paid Copies Requested _____		Amount to be Charged _____		

**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.**