

ARIZONA VITAL RECORDS REQUEST FOR COPY OF DEATH CERTIFICATE

	Today's Date	# of Copies Requested	<input type="checkbox"/> Death <input type="checkbox"/> Fetal Death <input type="checkbox"/> Stillbirth	Reason for Request	Payment Method	
DEATH CERTIFICATE INFORMATION	Date of Death	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Name on Death Certificate First Middle Last			
	Place of Death – Hospital or Residence (City, County, State)					
	Funeral Home or Donation Facility					
	Social Security Number	Date of Birth	Are Copies to be used for Government Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, List Claim (SSA, VA)						
PERSON REQUESTING	Applicant's Full Name – Printed First Middle Last			Applicant's Signature – REQUIRED		
	Mailing Address: Street or PO Box			City	State	Zip
	Daytime Telephone Number		Email Address			
	Your Relationship to Person on Certificate – Check One. * PROOF of relationship MUST be provided. <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Other <input type="checkbox"/> Legal Interest (Beneficiary, Insurance Policy, Will, Personal Representative, Property, etc) Documentation must be provided to support this legal interest.					
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 _____			Affix Seal/Stamp Here		
	For Office Use Only – State File Number/Serial Number			Order Number		
INFO	Applicant's Name:		Staff Initials	Date Picked-Up/ Mailed		

*******PERSON APPLYING MUST PICK-UP DEATH CERTIFICATE(S)*******

CUSTOMER CHECKLIST	FOR OFFICE USE ONLY
IN PERSON <input type="checkbox"/> A valid USA signed government photo ID which bears your signature and expiration date. <input type="checkbox"/> Proof of relationship (birth certificates, certified court documents, etc.) <input type="checkbox"/> Signed application. <input type="checkbox"/> Certificate fee (\$20.00 ea) cash, money order or cashier's check only.	Death _____ (\$20.00 ea) Correction _____ (\$30.00 ea) Amount of Copies _____ Cash _____ OR MO _____ Total Paid _____
REQUEST BY MAIL <input type="checkbox"/> Clear photocopy of the front and back of your valid, USA signed government photo ID OR notarized signature on application. <input type="checkbox"/> Proof of eligibility (birth certificates, certified court documents, etc.) <input type="checkbox"/> Signed application. <input type="checkbox"/> Correct fee enclosed (\$20.00 ea). Payment methods: cashier's check or money orders payable to Vital Records for the exact amount only. *****DO NOT SEND CASH***** <input type="checkbox"/> A self-addressed stamped envelope. ***Yuma County Vital Records is not responsible for lost or stolen death certificates requested by mail. ***	ID Verification _____ OR Notarized Application _____ Mail _____ Pick Up _____ Mail verified by: _____/_____

Special Instructions:

Note: Unclaimed death certificates over 90 days will be destroyed, per Vital Records policy.
