

# ARIZONA VITAL RECORDS REQUEST FOR COPY OF BIRTH CERTIFICATE

	Today's Date	# of Copies Requested	Reason for Request	Payment Method	
BIRTH CERTIFICATE INFORMATION	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Name on Birth Certificate First Middle Last		
	Town/City of Birth		County	Hospital	
	Mother's/Parent's First Name	Middle	Last name prior to first marriage	Date of Birth	State (if US) or Country of birth
	Father's/ Parent's First Name	Middle	Last	Date of Birth	State (if US) or Country of birth
	Do you belong to an Arizona Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify tribe.		
PERSON REQUESTING	<b>Applicant's Full Name – Printed</b> First MI Last			<b>Applicant's Signature – Required</b>	
	Mailing Address: Street or PO Box			City State Zip	
	Daytime Telephone Number		Email Address		
	Your Relationship to Person on Certificate – Check One. * <b>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:				
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	
	<b>For Office Use Only – State File Number/Serial Number</b>			Order Number	
INFO	Applicant's Name:		Staff Initials	Date Picked-Up/ Mailed	

**\*\*\*\*\*PERSON APPLYING MUST PICK-UP BIRTH CERTIFICATE(S) \*\*\*\*\***

CUSTOMER CHECKLIST	FOR OFFICE USE ONLY
<p><b>IN PERSON</b></p> <p><input type="checkbox"/> A valid USA signed government photo ID.</p> <p><input type="checkbox"/> Signed application.</p> <p><input type="checkbox"/> Certificate fee (\$20.00 ea) cash or money order only.</p> <p><b>REQUEST BY MAIL</b></p> <p><input type="checkbox"/> Clear photocopy of the front and back of your valid, USA signed government photo ID or notarized signature on application.</p> <p><input type="checkbox"/> Signed application.</p> <p><input type="checkbox"/> Correct fee (\$20.00 ea), in the form of a money order <u>only</u>, payable to Vital Records.</p> <p><input type="checkbox"/> A self-addressed stamped envelope.</p> <p>*Yuma County Vital Records is not responsible for lost or stolen birth certificates requested by mail.</p>	<p>Birth _____ (\$20.00 ea) Misc _____ (\$10.00 ea) Exp _____</p> <p>Print Code Fee _____ (\$30.00 ea)</p> <p>Paternity _____ (\$30.00 ea) 1997 to present</p> <p>Correction _____ (\$30.00 ea) 1997 to present</p> <p>Amount of Copies _____ Cash _____ MO _____</p> <p>Total Paid _____</p> <p>ID Verification _____ Notarized Application _____</p> <p>Mail _____ Pick Up _____</p> <p>Mail verified by: _____ / _____</p> <p>Date Affidavit copy issued/ mailed: _____</p>

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

Note:

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