



Yuma County Department of Public Health Request for Certified Copy of ARIZONA Birth Certificate

Revised 01/2020

INFO	For Office Use Only- State File/ Serial Number	Order Number			
	<p>Apply in Person: **CASH ONLY** Certificate Fee \$20.00</p> <p>Lobby hours: Monday-Friday 8:00am-4:00pm (order only) 4:00pm-5:00pm (info only)</p> <p>Mail Application to: Yuma County Public Health Services District Office of Vital Records 2200 W 28th St Suite # 256 Yuma, AZ 85364 Phone (928) 317-4530</p> <p style="text-align: center;">NOTE:</p> <p>*** Vital Records is not responsible for lost or stolen birth certificates requested by mail.</p> <p>*** Unclaimed birth certificates over 90 days will be destroyed, per Vital Records policy.</p>	<p style="text-align: center;"><u>CUSTOMER MAIL IN CHECKLIST</u></p> <p><input type="checkbox"/> Clear photocopy of the front and back of your valid, signed government photo ID (or) have your signature notarized.</p> <p><input type="checkbox"/> Proof of relationship enclosed if required (birth certificates, certified court documents, etc.)</p> <p><input type="checkbox"/> Sign the application/Original signature required</p> <p><input type="checkbox"/> Include self-addressed stamped envelope</p> <p><input type="checkbox"/> Enclose correct fee, Money order ONLY payable to Vital Records, NO Cash, Personal Check or Credit Card</p> <p><input type="checkbox"/> Please visit www.yumacountyaz.gov to download application, fees, and availability of services.</p>			
***** IN PERSON APPLICANT SIGNING REQUEST MUST CLAIM BIRTH CERTIFICATE(S)*****					
OFFICE USE ONLY	Birth ____ (\$20) Misc. ____ (\$10) Print Code ____ (\$30) Paternity ____ (\$30) Amendment ____ (\$30) Type of ID _____ Notarized ____ Mail ____ Pick up ____ Mail Verified By ____/_____ Customer received/mailed Affidavit copy on date/signature _____ Applicant: _____ Initials: _____ Date: _____	Date/Paid Stamp			
FEE	Today's Date	Purpose of Request	# of Copies	Cash/MO	Total Paid
BIRTH CERTIFICATE INFO	Name on Birth Certificate First _____ Middle _____ Last _____ Date of Birth _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Town/City of Birth _____ County _____ Hospital _____ Mother's First Name _____ Middle _____ Last Name prior to Marriage _____ Date of Birth _____ State if (US)/Country of Birth _____ Father's First Name _____ Middle _____ Last _____ Date of Birth _____ State if (US)/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	Print Applicant's Full Name: First, Middle, Last _____ Applicant's Signature (Required) _____ Mailing Address Street _____ Apt/Suite _____ City _____ State _____ Zip Code _____ Telephone Number/Cell _____ Email _____ Your Relationship to Person on Certificate-Check One * PROOF of relationship MUST be provided if you are NOT named on Certificate. <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 _____ <p style="text-align: right;">Documentation must be provided to support eligibility.</p>				
NOTARY AREA	<p>Applicable only if no USA government issued photo ID is available</p> 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 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