



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

Revised 01/2020

<b>INFO</b>	For Office Use Only- State File/ Serial Number	Order Number			
	<p><b>Apply in Person: <b>**CASH ONLY** Certificate Fee \$20.00</b></b></p> <p><b>Lobby Hours: Monday-Friday 8:00am-4:00pm (order only)</b> <b>4:00pm-5:00pm (info only)</b></p> <p><b>Mail Application to: Yuma County Public Health Services District</b> <b>Office of Vital Records</b> <b>2200 W 28<sup>th</sup> St Suite # 256</b> <b>Yuma, AZ 85364</b> <b>Phone (928) 317-4530</b></p> <p style="text-align: center;"><b>NOTE:</b></p> <p><b>*** Vital Records is not responsible for lost or stolen birth certificates requested by mail.</b></p> <p><b>*** Unclaimed birth certificates over 90 days will be destroyed, per Vital Records policy.</b></p>	<p style="text-align: center;"><b><u>CUSTOMER MAIL IN CHECKLIST</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clear photocopy of the front and back of your valid, signed government photo ID (or) have your signature notarized.</li> <li><input type="checkbox"/> Proof of relationship enclosed if required (birth certificates, certified court documents, etc.)</li> <li><input type="checkbox"/> Sign the application/Original signature required</li> <li><input type="checkbox"/> Include self-addressed stamped envelope</li> <li><input type="checkbox"/> Enclose correct fee, Money order <b>ONLY</b> payable to Vital Records, <b>NO</b> Cash, Personal Check or Credit Card</li> <li><input type="checkbox"/> Please visit <a href="http://www.yumacountyaz.gov">www.yumacountyaz.gov</a> to download application, fees, and availability of services.</li> </ul>			
<b>***** IN PERSON APPLICANT SIGNING REQUEST MUST CLAIM DEATH CERTIFICATE(S)*****</b>					
<b>OFFICE USE ONLY</b>	Death ___ (\$20) SSA ___ VA ___ Amendment ___ (\$30) Type of ID _____ Notarized _____ Mail _____ Pick up _____ Mail Verified By _____/_____ Applicant: _____ Initials: _____ Date: _____	Notes: _____ _____ _____ _____ _____ Date/Paid Stamp			
<b>FEE</b>	Today's Date	Purpose of Request	# of Copies	Cash/MO	Total Paid
<b>DEATH CERTIFICATE INFORMATION</b>	Name on Death Certificate First _____ Middle _____ Last _____				
	Date of Death	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Funeral Home Name or Donation Facility		
	Place of Death <input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other _____ City _____ County _____ State _____				
	Date of Birth	Social Security Number	Are Copies to be used for Government Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select one: <input type="checkbox"/> SSA <input type="checkbox"/> VA		
<b>PERSON REQUESTING</b>	Applicant's Full Name- Printed (First, Middle, Last)		Applicant's Signature (Required)		
	Street/Mailing (PO Box) Address: _____ City _____ State _____ Zip Code _____				
	Daytime Telephone Number		Email Address		
	Your Relationship to Person on Certificate- Check One. * <b>PROOF</b> of relationship <b>MUST</b> be provided. <input type="checkbox"/> <b>Parent</b> <input type="checkbox"/> <b>Relative</b> <input type="checkbox"/> <b>Grandparent</b> <input type="checkbox"/> <b>Spouse</b> <input type="checkbox"/> <b>Gov't Agency</b> <input type="checkbox"/> <b>Legal Interest</b> (Beneficiary, Insurance Policy, Will, Personal Rep, Property, etc.) <b>** Documentation must be provided to support legal interest **</b> <input type="checkbox"/> <b>Other</b> (specify)				
<b>NOTARY AREA</b>	<b>Applicable only if no USA government issued photo ID is available</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 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	