PAID/DATE STAMP

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

Attention Applicants: All fields with an asterisk (*) next to the field header are required fields that must be completed.

INFO

For Office Use Only-State File Number	Security Paper Number (s)	Order Number

Mail to: Yuma County Public Health Services District
Office of Vital Records
2200 W 28th Street, Suite # 256
Yuma, AZ 85364
Phone (928) 317-4530
Lobby hours: Monday-Friday 8:00am-4:00pm (order only)
4:00pm-5:00pm (info only)
Certificate Fee $20.00, Expedited Fee $10, Amendment Fee $30.00
Vital Records is NOT responsible for lost or stolen certificates requested by mail. *Unclaimed certificates over 90 days will be destroyed, per Yuma County Vital Records policy.

CUSTOMER MAIL IN CHECKLIST

- ☐ Clear photocopy of the front and back of your valid, signed government photo ID (or) have your signature notarized.
- ☐ Proof of relationship is required (birth certificates, certified court documents, marriage license etc.)
- ☐ Sign the application/Original signature required
- ☐ Include self-addressed stamped envelope
- ☐ Correct fee enclosed, **DO NOT MAIL CASH**
- ☐ Debit/Credit convenience transaction fee applies.
- ☐ Please visit www.yumacountyaz.gov to download application, fee information, and availability of services.

******* IN PERSON APPLICANT SIGNING REQUEST MUST CLAIM BIRTH CERTIFICATE(S)*******

CREDIT CARD INFO

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER CARD

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Credit Card Number *

__ __ / __ __ Card Expiration Date *

Amount to be charged: $

*Must provide photocopy of a government issued identification if cardholder is not the applicant.**

ASDF
Print Name of Card Holder *

Signature of Card Holder *

☐ Debit (Flat fee $3.95 per transaction)
☐ Credit Card (2.49% per transaction with a $2.00 minimum)
** Example (Amount: $1.00-$80.00 = $2.00 fee)

BIRTH CERTIFICATE INFO

Today's Date	Purpose of Request *	# of Copies Requested	Payment Method ☐ Cash ☐ MO # _____	Total $

Name on Birth Certificate *
First Middle Last

Date of Birth *	Sex: * ☐ Male ☐ Female	Place of Birth Town/City	County	State	Hospital

Mother's/Parent's Full Name Prior to First Marriage- Printed * (First Middle Last)	Date of Birth	State (if US) or Country of Birth

Father's/Parent's Full Name- Printed* (First Middle Last)	Date of Birth	State (if US) or Country of Birth

Does person on certificate belong to an Arizona Tribe? ☐ Yes ☐ No — If yes, please specify tribe

PERSON REQUESTING

Print Applicant's Full Name * (First Middle Last)	Applicant's Signature (Required) *	Signature Date *

Mailing Address * (Street or PO BOX)
City State Zip Code

Telephone Number/Cell *	Email Address *

Your Relationship to Person on Certificate (Check One) *PROOF of relationship MUST be provided. *Documentation must be provided to support eligibility.*

Parent Self Brother/Sister Grandparent Legal Guardian Spouse Gov't Agency Other _____

Self, I am at least 16 years `of age and either have no residential address or I am in the Department of Child Safety's (DCS) custody. [Arizona Revised Statue 36-324(E)]

NOTARY AREA

Applicable only if no government issued photo ID is available

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

Birth($20) _____ Expedited Fee($10) _____ Paternity($30) _____ Amendment($30) _____ Print Code($30) _____
Type of ID _____ Notarized _____ Mail _____ Pick up _____ Mail Verified by _____ / _____

Applicant's Name:	Staff Initials:	Date:

Signature of Applicant Receiving copy of Affidavit form:	Date:

Revised: 03/2023