



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

PAID/DATE STAMP

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	
<p>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</p> <p>Lobby hours: Monday-Friday 8:00am-4:00pm (order only) 4:00pm-5:00pm (info only)</p> <p>Certificate Fee \$20.00 and Amendments \$30.00</p> <p><i>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.</i></p>		<p align="center">CUSTOMER MAIL IN CHECKLIST</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 is required (birth certificates, certified court documents, marriage license 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"/> Correct fee enclosed, DO NOT MAIL CASH</p> <p><input type="checkbox"/> Debit/Credit convenience transaction fee applies.</p> <p><input type="checkbox"/> Please visit www.yumacountyaz.gov to download application, fee information, and availability of services.</p>		
***** IN PERSON APPLICANT SIGNING REQUEST MUST CLAIM BIRTH CERTIFICATE(S)*****				
CREDIT CARD INFO	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER CARD		Amount to be charged:	
	Credit Card Number * _____ / _____ <small>Must provide photocopy of a government issued identification if cardholder is not the applicant. *</small>		Card Expiration Date * _____ / _____ \$ _____	
Print Name of Card Holder *		Signature of Card Holder *		
DEATH CERTIFICATE INFO	Today's Date	Purpose of Request *	# of Copies Requested	
	Payment Method			Total \$
	<input type="checkbox"/> Cash <input type="checkbox"/> MO # _____			
	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 U.S. Government Claim? * <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please select type: <input type="checkbox"/> SSA <input type="checkbox"/> VA				
PERSON REQUESTING	Print Applicant's Full Name *		Applicant's Signature (Required) *	
	First	Middle	Signature Date *	
	Mailing Address * (Street or PO BOX)			
	City		State	
	Telephone Number/Cell *		Zip Code	
Your Relationship to Person on Certificate (Check One) *PROOF of relationship MUST be provided. <i>Documentation must be provided to support eligibility.</i> <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 (Specify) _____				
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 ONLY	Death (\$20) _____ SSA _____ VA _____ Fetal (\$20) _____ Stillbirth (\$20) _____ Amendment (\$30) _____ Type of ID _____ Notarized _____ Mail _____ Pick up _____ Mail Verified by _____ / _____			
	Applicant's Name:	Staff Initials:	Date:	
	Notes:			