

Arizona Vital Records Request for Copy of Death Certificate

INFO	For Office Use Only—State File Number/Serial Number			Request ID		
Please visit the State Office of Vital Records website www.azhealth.gov for the following information: <ul style="list-style-type: none"> Fees Locations, office hours, and availability of services Eligibility requirements and acceptable identification Correction, amendment, and registration information Download forms Telephone: 602-364-1300 Apply Online: www.VITALCHEK.com (Refer to website for their current fees)			CUSTOMER CHECKLIST <ul style="list-style-type: none"> <input type="checkbox"/> Clear photocopy of the front and back of your valid, signed government photo ID OR have your signature notarized <input type="checkbox"/> Proof of relationship enclosed if required (birth certificates, certified court documents, marriage certificate, etc) <input type="checkbox"/> Sign the application <input type="checkbox"/> Include self-addressed stamped envelope <input type="checkbox"/> Correct fee enclosed 			
PAYMENT INFO	Today's Date	# of Certified Copies Requested	<input type="checkbox"/> Death <input type="checkbox"/> Fetal Death <input type="checkbox"/> Stillbirth <input type="checkbox"/> Fetal Loss (No Fee)	Purpose of Request		Payment Method
	Payment Information Card Number _____ - _____ - _____ - _____ Card Expiration Date ____ / ____ <input type="checkbox"/> Visa <input type="checkbox"/> MC					
	Signature of Cardholder— Must provide photocopy of valid government issued identification if cardholder is not the applicant.					Amount to be Charged \$ _____
DEATH CERTIFICATE INFORMATION	Date of Death	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Name on Death Certificate			
				First	Middle	Last
	Place of Death—Hospital or Residence					<input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other _____
	City _____ County _____ State _____					
	Funeral Home or Donation Facility					
Social Security Number		Date of Birth		Are Copies to be used for Government Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, List Claim (SSA, VA)						
PERSON REQUESTING	Applicant's Full Name—Printed			APPLICANT'S SIGNATURE—REQUIRED		
	First	Middle	Last			
	Mailing Address					
	Street		City		State	Zip
Daytime Telephone Number		Email Address				
Your Relationship to Person on Certificate—Check One *PROOF of relationship MUST be provided. <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 <input type="checkbox"/> Legal Interest (Beneficiary, Insurance Policy, Will, Personal Representative, Property, etc.) Documentation must be provided to support this legal interest.						
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						

PARTICIPATING OFFICE LOCATIONS

The State Office of Vital Records does not provide walk-in service for birth and death certificate issuance. Services available at the State Office of Vital Records by appointment only are delayed birth registration, adoptions, foreign born, putative father, and amendments and corrections for births that occurred prior to 1997 and deaths that occurred prior to 2008.

For walk-in customer service, please visit your nearest local county vital records office providing walk-in service as listed below.

Please note payment types accepted at various office locations: Cash **(C)** - in person only, Money Order/Cashier's Check **(MO)**, Personal Check **(PC)**, Credit Cards **(CC)**, Debit Cards **(DC)**.

Please visit <http://azdhs.gov/vital-records/> or call for the most current fee schedule for each office.

State Office of Vital Records

1818 W. Adams St.
Phoenix, AZ 85007
(602) 364-1300
(C) (MO) (CC)

Mail to: PO Box 6018
Phoenix, AZ 85005

Certified Copies of Birth and Death
Certificates are Available by **Mail Only**

Greenlee County Health Department

Office of Vital Registration
253 5th St.
Clifton, AZ 85533
(928) 865-2601
(C) (MO)

Mail to: PO Box 936
Clifton, AZ 85533

Navajo County Public Health

Services District
117 E. Buffalo St.
Holbrook, AZ 86025
(928) 524-4750
(MO)

Pima County Health Department

Vital Records Office
3950 S. Country Club Road Ste. 100
Tucson, AZ 85714
(520) 724-7932
(C) (MO) (CC) (DC)

Pinal County Health Department

36235 N. Gantzel Rd.
San Tan Valley, AZ 85142
(520) 866-4670 / 1-800-231-8499
(C) (MO) (CC)

Pinal County Health Department

41600 West Smith-Enke Rd.
Bldg. 15
Maricopa, AZ 85138
(520) 866-4261 / 1-800-231-8499
(C) (MO) (CC)

Mail to: PO Box 2945
Florence, AZ 85132
(Funeral Homes Only)

Santa Cruz County Health Services

2150 N. Congress Dr. Ste. 115
Nogales, Arizona 85621
(520) 375-7900
(C) (MO)

Yavapai County Health Department

1090 Commerce Dr.
Prescott, AZ 86305
(928) 771-3125
(C) (MO) (PC) (CC/DC)

Certified Copies of Birth Certificates and Death
Certificates are Available by **Mail Only**

Yuma County Health Services

Vital Records Department
2200 W. 28th St.
Yuma, AZ 85364
(928) 317-4530
(C) (MO)

Apache County Public Health Services District

75 W. Cleveland St.
Johns, AZ 85936
(928) 337-7668
(MO) (C)

Mail to: PO Box 697
St. Johns, AZ 85936

Cochise County Health Department

1415 Melody Lane, Bldg. A
Bisbee, AZ 85603
(520) 432-9406 and
(520) 803-3925
(C) (MO) (DC) (CC)

Coconino County Health Department

2625 N. King St.
Flagstaff, AZ 86004
(928) 679-7272
(C) (MO) (PC) (CC)

Coconino County Health Department

2500 N. Fort Valley Rd., #3
Flagstaff, AZ 86001
(928) 679-7272
(MO) (PC) (CC)

Certified Copies of Death Certificates
are Available by **Mail Only**

Gila County Health & Emergency Management

Office of Vital Records
5515 S Apache Ave., Ste. 100
Globe, AZ 85501
(928) 402-8811
(C) (PC) (MO)

Graham County Health Department

820 W. Main
Safford, AZ 85546
(928) 428-4441
(C) (MO) (PC)

La Paz County Vital Records Office

1112 Joshua Ave, Ste. 206
Parker, AZ 85344
(928) 669-1100
(C) (MO)

Maricopa County

Office of Vital Registration
3221 N. 16th St., Ste. 100
Phoenix, AZ 85016
(C) (MO) (CC)

Office of Vital Registration
3003 W. Thomas Rd., Ste. 200B
Phoenix, AZ 85017
(C) (MO) (CC)

Office of Vital Registration
4419 E. Main St., Ste. 105
Mesa, AZ 85205
(C) (MO) (CC)

Office of Vital Registration
1850 N 95th Avenue, Ste. 182
Phoenix, AZ 85037
(602) 506-6805
(C) (MO) (CC)

For all Mail: P.O. Box 2111
Phoenix, AZ 85001

Mohave County Public Health

County Administration Building
700 W. Beale St.
Kingman, AZ 86401
Mail to: PO Box 7000
Kingman, AZ 86402
(928) 753-0748
(C) (MO) (PC)