FOR OFFI	CE USE ONL	í
SFN # 102 -		

ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF VITAL RECORDS APPLICATION FOR FOREIGN-BORN REGISTRATION

NUMBER OF COPIES:

DOES THE REGI	STRANT HA	/E A R	EGISTER	RED FO	REIGN-B	ORN BI	RTH CER	TIFICATE II	N ANOTH	ER STATE	? □ Y	ES 🗆 N	0 IF YOU	ANSWEF	RED YES,	PLEASE	SPECIFY	THE STA	TE			
BIRTH FACTS OF	NAME: FIRST							MIDDLE					LAST SUF									FIX
REGISTRANT (AFTER ADOPTION)	DATE OF BIRTH: MONTH DAY YEAR							SEX	PL	PLACE OF BIRTH: TOWN OR CITY COUNTRY												
ADOPTIVE	FATHER'S NAME: FIRST N								LAS	LAST				DA	DATE OF BIRTH			PLACE OF BIRTH: (STATE OR COUNTRY)				
PARENTS' INFORMATION	MOTHER'S NAME: FIRST						MIDDLE		LAS	LAST NAME : (BEFORE MAR				DA	DATE OF BIRTH			PLACE OF BIRTH: (STATE OR COUNTRY)				
	DATE							NEY ORDER CASHIER'S CHECK						CREDIT/DEBIT (CASH IN PERSON ONLY; NO PERSONAL CHECKS)								
PAYMENT INFORMATION	□ VISA □																		EXP. DATE MM/YY			
APPLICANT SIGNATURE																						
PRINT NAME: FI												On thisday of, 20before me personally										
MAILING ADDRESS: (NUMBER & STREET OR PO BOX) APARTMENT #											appeared(name of signer), whose identify was Proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.											
CITY/TOWN STATE ZIP CODE												NOTARY PUBLIC SIGNATURE										
DAYTIME TELEPHONE NUMBER RELATIONSHIP TO REGISTRANT										My Commission expires												
( )										SEAL												
PLEASE SEND COMPLETED AND SIGNED APPLICATION, CORRECT FEE, AND ALL REQUIRED DOCUMENTS, TO: SIGNATURE OF APPLICANT MUST BE NOTARIZED, OR THIS FORM MUST BE ACCOMPANIED BY A COPY OF A VALID GOVERNMENT-ISSUED PHOTO ID THAT CONTAINS THE APPLICANT'S SIGNATURE.   OFFICE OF VITAL RECORDS PO B0X 6018 PHOENIX, AZ 85005 PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE WITH THE APPLICATION.																						

VS-13 (3/12/15) - N:Groups/Admin/Birth and Death Registry (New)/Forms/fb application