Print Form

PIMA COUNTY HEALTH DEPARTMENT REQUEST FOR CERTIFIED ELECTRONIC BIRTH CERTIFICATE

$20.00 for each certificate

OFFICE USE ONLY

OPENED BY: _____

Make money order/check out to:
Vital Records.
Do not mail cash.

Amount $ _____ in _____for_____ certificate(s)
ca, ck, c/d, m/o

First Name at Birth	Middle	Last	Date of Birth	Sex

Place of Birth: City, State	Mother's First Name	Middle Name	Maiden/Birth last name
Name of Hospital or Facility	Father's First Name	Middle Name	Last Name

WARNING: FALSE APPLICATION FOR A BIRTH CERTIFICATE IS A PUNISHABLE OFFENSE.
This form, when mailed, must be accompanied by a valid legible copy of a **government issued ID with photo & signature, or** a notarized signature (notarized forms will not be accepted in person).

Mail to:
Pima County Health Dept.
Office of Vital Records
3950 S. Country Club Rd.
Tucson, AZ 85714
www.pimahealth.org

Credit/Debit Card **MC** ☐ **VISA** ☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp. Date MM/YY

Your Signature ☞ ***Print and Sign***

Relationship

Your Printed Name

Telephone number

Your Mailing Address City/Town State

Zip Code

Subscribed and sworn to or affirmed before me this _____ Day of _____

Notary's Signature _____

My Commission Expires _____

Office Notes Only:

SFN:

CERT#