



Maricopa County Department of Public Health

Request for Certified Copy of ARIZONA Birth Certificate

Date Stamp Here

Mail Application to: MCOVR (Maricopa County Office of Vital Registration) PO Box 2111 – Phoenix AZ – 85001	<p style="text-align: center; color: red;">CUSTOMER Checklist</p> <input type="checkbox"/> ID Required - Front and Back Photocopy of Your Valid, Signed Government Photo ID OR Have Your Signature Notarized on Application <input type="checkbox"/> Sign the Application – Don't Forget! <input type="checkbox"/> Include a Self-Addressed Stamped Envelope <input type="checkbox"/> Correct Fee Required – Please, no Cash or Checks <input type="checkbox"/> Include Required Documents (e.g., Proof of Relationship, etc.)
Apply In Person: 4 Locations Valley wide Fees: \$20.00 per Certified Copy \$30.00 per Correction or Major Change to an AZ Birth Record \$5.00 per Government Request or Genealogical Research ONLY Please! No Cash or Checks – Thank you!	

Order Info	Today's Date	Purpose of Request	# of Certified Copies Requested	# of Non-Certified Genealogy Copies Requested	Payment Method	Amount Enclosed
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Birth Certificate Information	Name on Birth Certificate						
	First		Middle		Last		
	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Town/City of Birth	County of Birth	Hospital		
	Mother's/Parent's First Name		Middle	Last Name Prior to Marriage		Date of Birth	State (if US) or Country of Birth
	Father's/Parent's First Name		Middle	Last		Date of Birth	State (if US) or Country of Birth
Do you belong to an Arizona Tribe?		If yes, please specify tribe.					

Person Requesting Certificate	Applicant's Signature (Required)			Print Applicant's Full Name: First, Middle, Last		
	Cell/Telephone Number			Email		
	Mailing Address					
	Street		Apt/Suite	City	State	Zip Code
Your Relationship to Person on Certificate - Check One *PROOF of relationship MUST be provided if you are NOT named on the certificate.						
<input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Other _____ <input type="checkbox"/> 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. [A.R.S.36-324(F)]						

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 _____					

Office use Only	<input type="checkbox"/> ID Verified/Notarized <input type="checkbox"/> Proof of Eligibility Verified <input type="checkbox"/> CC Holder's ID Verified			Order Number _____		
	Verification: <input type="checkbox"/> Process <input type="checkbox"/> Insufficient <input type="checkbox"/> Call			State File Number _____		
	Insufficient Reason: <input type="checkbox"/> No Fee/Incorrect Fee <input type="checkbox"/> Need Clear Copy of ID <input type="checkbox"/> Applicant Ineligible <input type="checkbox"/> Incorrect Payment Type <input type="checkbox"/> Need CC holder's ID with Signature <input type="checkbox"/> Not an AZ Record <input type="checkbox"/> CC Expired <input type="checkbox"/> Need ID w/ Signature <input type="checkbox"/> Need Documents <input type="checkbox"/> ID Expired/ Invalid <input type="checkbox"/> Need Signature <input type="checkbox"/> Other _____			Date Entered _____		
			Date Issued _____			
			Serial Numbers _____			
			Receipt # _____			

Credit Card	Payment Information <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER					
	_____ - _____ - _____ - _____ Card Number		____/____ Card Expiration Date		_____ CVV#	_____ Billing Zip Code
	_____ \$20.00 x _____ = \$ _____ Signature of Card Holder # of Paid Copies Requested		Amount to be Charged			

*Must attach copy of credit card holder's valid, current government photo ID with signature.

Apply by Mail:

Send Complete, Signed Application with Fee **and a Self-Addressed Stamped Envelope to:**

**MCOVR (Maricopa County Office of Vital Registration)
PO Box 2111 – Phoenix AZ – 85001**

MaricopaVitalRecords.com - Download and Print Forms, Read FAQs and Directions

Apply In Person: **4 Locations Valley wide**

Central Valley - 3221 N. 16th St., Ste. 100, Phoenix 85016 (1 Block S. of Osborn)

West Valley - 1850 N. 95th Ave., Ste. 182, Phoenix 85037 (101 Fwy/N. of McDowell)

East Valley - 331 E. Coury Ave., Mesa 85210 (S. of US 60 Exit Mesa Drive)

Northwest - 8088 W. Whitney Dr., Peoria 85345 (Corner of Grand Ave. & Cotton Crossing)

Hours: Monday-Friday 8:00am-4:30pm – Closed holidays and other dates

Phone: 602-506-6805

Apply Online: VitalChek.com – Additional fees for service in addition to cost per certified copy.

****Mail and walk-in services may be faster and with no add-on fees!**

Fees:	\$20.00	Per Certified Copy
	\$30.00	Change to vital record and fee includes 1 certified copy
	\$5.00	Per Government Request or Genealogical Research ONLY

Questions? Call or Stop in! We are here to assist you.