



**Maricopa County Department of Public Health  
Request for Certified Copy of ARIZONA Birth Certificate**

For Date Stamp

**WARNING: False Application for a Birth Certificate is a Punishable Offense**

**A VALID GOVERNMENT PHOTO ID IS REQUIRED**

<p><b>Mail Application:</b> MCOVR (Maricopa County Office of Vital Registration) PO Box 2111 – Phoenix AZ – 85001</p> <p><b>Apply Online:</b> <a href="http://www.VITALCHEK.com">www.VITALCHEK.com</a> (additional fees apply)</p> <p><b>Apply In Person:</b> 4 locations to serve you</p> <p>Central Valley - 3221 N. 16<sup>th</sup> St., Ste. 100, Phoenix 85016 (1 block South of Osborn) North Valley – 2423 W. Dunlap Ave., Ste. 110, Phoenix 85021 (East of I-17 Exit Dunlap) West Valley – 1850 N. 95<sup>th</sup> Ave., Ste. 182, Phoenix 85037 (101 Fwy/North of McDowell) East Valley - 4419 E. Main St. Ste., 105, Mesa 85205 (I-60/202 Red Mtn Fwy)</p> <p><b>Hours of Operation:</b> Monday-Friday 8:00am-4:30pm - Closed Federal Holidays</p> <p><b>Telephone:</b> 602-506-6805</p> <p>Questions, download forms, <i>acceptable IDs</i> &amp; more: <a href="http://www.MaricopaVitalRecords.com">www.MaricopaVitalRecords.com</a></p> <p><b>Fees:</b> \$20.00 per certified copy \$30.00 per Correction, Amendment, Paternity, Court Order (1997-Present)</p>	<p align="center"><b>CUSTOMER Checklist</b></p> <p><input type="checkbox"/> Proof of Relationship enclosed if required (certified copies of birth certificates, certified court documents, etc)</p> <p><input type="checkbox"/> Clear photocopy of <b>Front and Back</b> of your valid, signed government Photo ID <b>OR</b> have your signature notarized</p> <p><input type="checkbox"/> Sign the application</p> <p><input type="checkbox"/> Include Self-Addressed Stamped Envelope</p> <p><input type="checkbox"/> Correct Fee enclosed</p>
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**Office Use Only**

Process  
 Return by Mail  
 Call

**Insufficient Fee:**

No Fee  
 Incorrect Fee  
 CC Expired  
 Incorrect Payment Type

**Identification:**

ID Expired/Invalid  
 Need Clear Copy of ID  
 Need CC holder's ID w/ Signature  
 Need ID w/ Signature

<b>Order Info</b>	<p>Today's Date _____ # of Copies Requested _____ Purpose of Request _____</p> <p align="right">MO Credit Card Cashier's Check Payment Method (circle one)</p>
<b>Birth Certificate Information</b>	<p><input type="checkbox"/> F <input type="checkbox"/> M</p> <p>Date of Birth _____ Name on Certificate: First _____ Middle _____ Last _____</p> <p>Town/City of Birth _____ County _____ Hospital _____</p> <p>Mother's First Name _____ Middle _____ MAIDEN _____ Date of Birth _____ State (if US) or Country of birth _____</p> <p>Father's First Name _____ Middle _____ Last _____ Date of Birth _____ State (if US) or Country of birth _____</p>
<b>Person Requesting Certificate</b>	<p>Applicant's Full Name - Printed _____ Applicant's Signature - <b>Required</b> _____</p> <p>Mailing Address Street _____ City _____ State _____ Zip _____</p> <p>Daytime telephone number _____ Email address _____</p> <p>Your relationship to person on certificate – Circle one <b>*PROOF of relationship MUST be provided if you are NOT named on the certificate.</b></p> <p>Parent Self Brother\Sister Grandparent Legal Guardian Spouse Gov't Agency Other _____</p>
<b>Verification</b>	<p>Gov't Issued ID (OFFICE USE ONLY) _____</p> <p>Documents Verified (OFFICE USE ONLY) _____</p>

**Proof of Eligibility:**

Need Signature  
 Applicant Ineligible  
 Not an AZ Record  
 Need Documents

Other \_\_\_\_\_

State File Number
Request ID
Date Entered
Date Issued
Serial Numbers
Serial Numbers
Receipt #

<b>Notary Area</b>	<p>State of _____ County of _____</p> <p>On this _____ day of _____, 20 _____ before me personally appeared _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledge that he/she signed the above document.</p> <p>Notary Signature _____ My Commission Expires _____</p>	<b>Affix Seal/Stamp Here</b>
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<b>Credit Card</b>	<p><b>Payment Information</b></p> <p>Card Number _____ / _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC</p> <p>Card Expiration Date _____</p> <p>Signature of Card Holder _____ \$20.00 X _____ = \$ _____ # of paid Copies Requested <b>Amount to be Charged</b></p>	<p><b>*Must attach copy of credit card holder's valid government photo ID with signature</b></p>
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