



Maricopa County Department of Public Health

Request for Certified Copy of ARIZONA Death Certificate

Date Stamp Here

Mail Application: MCOVR (Maricopa County Office of Vital Registration) PO Box 2111 – Phoenix AZ – 85001	CUSTOMER Checklist
Apply In Person: 4 Locations Valley wide	<input type="checkbox"/> ID Required - Front and Back Photocopy of Your Valid, Signed Government Photo ID OR Have Your Signature Notarized on Application
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	<input type="checkbox"/> Sign the Application – Don't Forget!
Please! No Cash or Checks – Thank you!	<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.)

Order Info	Today's Date	Purpose of Request	# of Certified Copies	# of Non-Certified Genealogy Copies	Payment Method	Amount Enclosed
	Are Copies to be Used for Government? Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Which Type of Claim? <input type="checkbox"/> SSA <input type="checkbox"/> VA		Social Security Number (If Known)	

Death Certificate Info	Name on Death Certificate					
	First		Middle		Last	
	Date of Death	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		Funeral Home or Donation Facility	
	Place of Death					
	<input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other _____		City	County	State	

Person Requesting Certificate	Applicant's Signature (Required)			Print Applicant's Full Name: First, Middle, Last		
	Email			Cell/Telephone Number		
	Mailing Address					
	Street	Apt/Suite	City	State	Zip Code	
	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 _____ Documentation must be provided to support eligibility.					

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
-------------	--	--	--	-----------------------

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 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 _____			State File Number _____		
				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)
North Valley - 2423 W. Dunlap Ave., Ste. 110, Phoenix 85021 (E. of I-17 Exit Dunlap)
West Valley - 1850 N. 95th Ave., Ste. 182, Phoenix 85037 (101 Fwy/N. of McDowell)
East Valley - 331 E. Coury Ave., Mesa, AZ 85210 (S. of US 60 Exit Mesa Drive)

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.