

Attention Applicants: All fields with an asterisk (*) next to the field header are required fields that must be completed.

Info	For Office Use Only – State File Number		Security Paper Number(s)		Order Number				
Please visit the Bureau of Vital Records website https://azdhs.gov/licensing/vital-records/ for the following information: <ul style="list-style-type: none"> Fees Locations, office hours, and availability of services Eligibility requirements and acceptable identification Correction, amendment, and registration information Download forms Telephone: 602-364-1300 Apply Online: www.VITALCHEK.com (Refer to website for their current fees)				CUSTOMER MAIL IN CHECKLIST <ul style="list-style-type: none"> <input type="checkbox"/> Clear photocopy of the front and back of your valid, signed government photo ID OR have your signature notarized <input type="checkbox"/> Proof of relationship enclosed is required (birth certificates, certified court documents, marriage license, etc) <input type="checkbox"/> Sign the application/Original signature required <input type="checkbox"/> Include self-addressed stamped envelope <input type="checkbox"/> Correct fee enclosed, please do not mail cash- https://azdhs.gov/licensing/vital-records/index.php#fees-home <input type="checkbox"/> Notary is not applicable for gov't agency requests, please submit copy of gov't agency ID badge. 					
Order Info	Today's Date	# of Certified Copies Requested*	# of Non-Certified Copies Requested	Purpose of Request*					
				Payment Method	Enclosed Fee \$				
Credit Card Info	Payment Information: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER CARD								
	Card Number*		Card Expiration Date*	CVV#*	Billing Zip Code*				
	*If credit card does not belong to applicant, you must submit a clear copy of the credit card holder's valid, current government photo ID with signature.								
Amount to be Charged \$									
Birth Certificate Info	Date of Birth*		Sex*	Name on Birth Certificate*					
			<input type="checkbox"/> Male <input type="checkbox"/> Female	First	Middle	Last			
	Place of Birth		County		State	Hospital			
	Town/City								
	Mother's/Parent's Full Name Prior to First Marriage – Printed*				Date of Birth	State (if US) or Country of Birth			
	First		Middle	Last					
	Father's/Parent's Full Name – Printed*				Date of Birth	State (if US) or Country of Birth			
First		Middle	Last						
Does person on certificate belong to an Arizona Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please specify Tribe:						
Person Requesting	Applicant's Full Name – Printed*								
	First		Middle	Last					
	Applicant's Signature*				Signature Date*				
	Mailing Address*								
	Street		City		State	Zip			
	Daytime Telephone Number*		Email Address*						
Your Relationship to Person on Certificate–Check One* *PROOF of relationship MUST be provided. Documentation must be provided to support eligibility. <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: _____									
Notary Area	Applicable only if no government issued photo ID is available 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: _____					<div style="border: 1px solid gray; padding: 5px; width: fit-content; margin: 0 auto;">Affix Seal/Stamp Here</div>			
	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ID Verified/Notarized Application <input type="checkbox"/> Proof of Eligibility Verified <input type="checkbox"/> CC Holder's ID Verified Date Issued: _____ </td> <td style="width: 33%; vertical-align: top;"> Verification: <input type="checkbox"/> Process <input type="checkbox"/> Insufficient </td> <td style="width: 33%; vertical-align: top;"> Insufficient Reason: <input type="checkbox"/> No Fee/Incorrect Fee <input type="checkbox"/> Incorrect Payment Type <input type="checkbox"/> CC Expired <input type="checkbox"/> ID Expired/Invalid <input type="checkbox"/> Need Clear Copy of ID <input type="checkbox"/> Need CC Holder's ID w/ Signature </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Need ID w/ Signature <input type="checkbox"/> Need Signature <input type="checkbox"/> Signatures Do Not Match <input type="checkbox"/> Applicant Ineligible <input type="checkbox"/> Not an AZ Record <input type="checkbox"/> Need Documents <input type="checkbox"/> Other: _____ </td> </tr> </table>						<input type="checkbox"/> ID Verified/Notarized Application <input type="checkbox"/> Proof of Eligibility Verified <input type="checkbox"/> CC Holder's ID Verified Date Issued: _____	Verification: <input type="checkbox"/> Process <input type="checkbox"/> Insufficient	Insufficient Reason: <input type="checkbox"/> No Fee/Incorrect Fee <input type="checkbox"/> Incorrect Payment Type <input type="checkbox"/> CC Expired <input type="checkbox"/> ID Expired/Invalid <input type="checkbox"/> Need Clear Copy of ID <input type="checkbox"/> Need CC Holder's ID w/ Signature
<input type="checkbox"/> ID Verified/Notarized Application <input type="checkbox"/> Proof of Eligibility Verified <input type="checkbox"/> CC Holder's ID Verified Date Issued: _____	Verification: <input type="checkbox"/> Process <input type="checkbox"/> Insufficient	Insufficient Reason: <input type="checkbox"/> No Fee/Incorrect Fee <input type="checkbox"/> Incorrect Payment Type <input type="checkbox"/> CC Expired <input type="checkbox"/> ID Expired/Invalid <input type="checkbox"/> Need Clear Copy of ID <input type="checkbox"/> Need CC Holder's ID w/ Signature	<input type="checkbox"/> Need ID w/ Signature <input type="checkbox"/> Need Signature <input type="checkbox"/> Signatures Do Not Match <input type="checkbox"/> Applicant Ineligible <input type="checkbox"/> Not an AZ Record <input type="checkbox"/> Need Documents <input type="checkbox"/> Other: _____						

PARTICIPATING OFFICE LOCATIONS

The State Bureau of Vital Records Office does not provide walk-in service for birth certificate issuance. Services available at the Bureau of Vital Records by appointment only are delayed birth registration, adoptions, foreign born, putative father, and amendments and corrections for births that occurred prior to 1997.

For walk-in customer service, please visit your nearest local county vital records office providing walk-in service as listed below.

Please note payment types accepted at various office locations: Cash **(C)** - in person only, Money Order/Cashier's Check **(MO)**, Personal Check **(PC)**, Credit Cards **(CC)**, Debit Cards **(DC)**.

Please visit <https://azdhs.gov/licensing/vital-records/index.php#local-county> or call for the most current fee schedule for each office.

State Bureau of Vital Records

Mail to: PO Box 6018
Phoenix, AZ 85005
(602) 364-1300

(C)-In Person Only (MO) (CC) (DC)

By Appt Only: 1818 W. Adams St.
Phoenix, AZ 85007

Certified Copies of Birth and Death
Certificates are Available by Mail Only

Gila County Health & Emergency Management

Office of Vital Records

5515 S. Apache Ave., Ste.100
Globe, AZ 85501
(928) 402-8811

(C) (PC) (MO) (CC) (DC)

Graham County Health Department

820 W. Main
Safford, AZ 85546
(928) 428-4441

(C) (MO) (PC) (CC) (DC)

Greenlee County Health Department

Office of Vital Registration

253 5th St.
Clifton, AZ 85533
(928) 865-2601

(C) (MO)

Mail to: PO Box 936
Clifton, AZ 85533

Maricopa County

Office of Vital Registration

Central Valley Office
3221 N. 16th St., Ste.100
Phoenix, AZ 85016
(602) 506-6805

(C) (MO) (CC) (DC)

North Valley Office
2423 W. Dunlap Ave., Ste.110
Phoenix, AZ 85021

(602) 506-6805

(C) (MO) (CC) (DC)

East Valley Office

331 E. Coury Ave.
Mesa, AZ 85210
(602) 506-6805

(C) (MO) (CC) (DC)

West Valley Office

1850 N 95th Ave., Ste.182
Phoenix, AZ 85037
(602) 506-6805

(C) (MO) (CC) (DC)

For all Mail: PO Box 2111
Phoenix, AZ 85001

Northwest Valley Office

8088 W. Whitney Dr., Ste 2A
Peoria, AZ 85345
(602) 506-6805

(C) (MO) (CC) (DC)

Opening April 2021

Mohave County Public Health

County Administration Building Drop Box in lobby
700 W. Beale St.

Kingman, AZ 86401
Mail to: PO Box 7000

Kingman, AZ 86402
(928) 753-0748

(C) (MO) (CC) (DC)

Certified Copies of Birth Certificates are Available
by **Mail Only or Drop Box**

Navajo County Public Health Services District

117 E. Buffalo St.
Holbrook, AZ 86025
(928) 524-4750

(MO) (CC) (DC)

Pima County Health Department

Vital Records Office
3950 S. Country Club Road Ste.100
Tucson, AZ 85714
(520) 724-7932

(C) (MO) (CC) (DC)

Pinal County Public Health Services District

36235 N. Gantzel Rd.
San Tan Valley, AZ 85140
1-866-960-0633

(C) (MO) (CC) (DC)

Pinal County Public Health Services District

41600 West Smith-Enke Rd.
Bldg. 15

Maricopa, AZ 85138
1-866-960-0633

(C) (MO) (CC) (DC)

Pinal County Public Health Services District

Florence - Mail Only
P.O. Box 2945

Florence, AZ 85132
1-866-960-0633

(C) (MO) (CC) (DC)

Pinal County Public Health Services District

1729 N. Trezell Rd. Ste.120
Casa Grande, AZ 85122

1-866-960-0633

(C) (MO) (CC) (DC)

Yavapai County Health Department

1090 Commerce Dr.
Prescott, AZ 86305
(928) 771-3125

(C) (MO) (PC) (CC/DC)

Certified Copies of Birth Certificates and Death
Certificates are Available by Mail Only

Yuma County Health Services

Vital Records Department
2200 W. 28th St.

Yuma, AZ 85364
(928) 317-4530

(C) (MO) (CC)

Apache County Public Health Services District

110 East First Street South
St. Johns, AZ 85936
(928) 337-7525

(MO) (CC) (DC)

Mail to: PO Box 697
St. Johns, AZ 85936

Cochise County Health and Social Services

Office of Vital Records
Sierra Vista Office
4115 E. Foothills Dr.

Sierra Vista, AZ 85635
(520) 803-3925 and
(520) 432-9406

(C) (MO) (CC) (DC)

Douglas Office

1012 North G Ave. Ste.101
Douglas, AZ 85607

(520) 805-5600

(C) (MO) (CC) (DC)

Bisbee Office

1415 Melody Lane, Building A
Bisbee, AZ 85603

(520) 432-9411

(C) (MO) (CC) (DC)

Benson Office

126 W. 5th Street
Benson, AZ 85602

(520) 585-8200

(C) (MO) (CC) (DC)

Wilcox Office

450 S. Haskell Ave.
Wilcox, AZ 85643

(520) 384-7100

(C) (MO) (CC) (DC)

All sites offer same day service.

Please send any mail requests to the Sierra Vista or
Bisbee locations only.

Coconino County Health and Human Services

Vital Records

2625 N. King St.
Flagstaff, AZ 86004

(928) 679-7272

(C) (MO) (PC) (CC)