



# Maricopa County Department of Public Health

## Request for Certified Copy of ARIZONA Fetal Death Certificate

Date Stamp Here

<b>Mail Application:</b> MCOVR (Maricopa County Office of Vital Registration) <b>PO Box 2111 – Phoenix AZ – 85001</b>				<b>CUSTOMER Checklist</b>		
<b>Apply In Person:</b> 4 Locations Valley wide <b>Fees:</b> \$20.00 per Certified Copy \$30.00 per Correction or Major Change to an AZ Fetal Death Record <b>Please! No Cash or Checks – Thank you!</b>				<input type="checkbox"/> ID Required - <b>Front and Back</b> Photocopy of Your Valid, Signed Government Photo ID <b>OR</b> Have Your Signature Notarized on Application <input type="checkbox"/> Sign the Application – <b>Don't Forget!</b> <input type="checkbox"/> Include a Self-Addressed Stamped Envelope <input type="checkbox"/> Correct Fee Required – Please, no Cash or Checks <input type="checkbox"/> Any Required Documents (e.g. Proof of Relationship, etc.)		
Order Info	<b>Today's Date</b>	<b>Request for Certified Copy of:</b> <input type="checkbox"/> Fetal Death <input type="checkbox"/> Certificate of Birth Resulting in Stillbirth	<b># of Copies</b>	<b>Payment Method</b>	<b>Amount Enclosed</b>	<b>Purpose of Request</b>
Fetal Death Certificate Info	<b>Name on Fetal Death Certificate</b>					
	<b>First</b>		<b>Middle</b>		<b>Last</b>	
	<b>Suffix</b>					
Fetal Death Certificate Info	<b>Date of Delivery</b>	<b>Place of Delivery</b>	<b>County of Delivery</b>	<b>Funeral Home (If Applicable)</b>		
	<b>Mother's Maiden Name/Parent</b>					
Fetal Death Certificate Info	<b>First</b>		<b>Middle</b>		<b>Last</b>	
	<b>Applicant's Signature (Required)</b>					
Person Requesting Certificate	<b>Print Applicant's Full Name: First, Middle, Last</b>			<b>Email</b>		
	<b>Cell/Telephone Number</b>			<b>Mailing Address</b>		
Person Requesting Certificate	<b>Street</b>	<b>Apt/Suite</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
	<b>Your Relationship to Person on Certificate - Check One *PROOF of eligibility MUST be provided if you are NOT named on the certificate.</b> <input type="checkbox"/> Parent <input type="checkbox"/> Other _____					
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 acknowledge that he/she signed the above document.					
	Notary Signature _____ My Commission Expires _____					
Office Use Only	<input type="checkbox"/> ID Verified <input type="checkbox"/> Proof of Eligibility Verified <input type="checkbox"/> CC Holder's ID Verified			<b>Order Number</b> _____		
	<b>Verification:</b> <input type="checkbox"/> Process <input type="checkbox"/> Insufficient <input type="checkbox"/> Call			<b>State File Number</b> _____		
	<b>Insufficient Reason:</b> <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 _____			<b>Date Entered</b> _____		
Credit Card	<b>Payment Information</b> <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER					
	_____ / _____ Card Number Card Expiration Date			<b>Date Issued</b> _____		
	_____ \$20.00 X _____ = \$ _____ <b>Signature of Card Holder</b> # of Paid Copies Requested <b>Amount to be Charged</b>			<b>Serial Numbers</b> _____ <b>Receipt #</b> _____		
<b>*Must attach copy of credit card holder's valid, current government photo ID with signature.</b>						

**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](http://MaricopaVitalRecords.com) - Download and Print Forms, Read FAQs and Directions

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

Central Valley - 3221 N. 16<sup>th</sup> 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. 95<sup>th</sup> Ave., Ste. 182, Phoenix 85037 (101 Fwy/N. of McDowell)

East Valley - 4419 E. Main St., Ste. 105, Mesa 85205 (S. of US 60 Exit Greenfield)

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

**Phone:** 602-506-6805

**Apply Online:** [VitalChek.com](http://VitalChek.com) – Additional fees for service in addition to cost per certified copies.

**\*\*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

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