



# Maricopa County Department of Public Health

## Request for Certified Copy of ARIZONA 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 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 – 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"/> Any Required Documents (e.g. Proof of Relationship, etc.)		
Order Info	Today's Date	# of Copies	Payment Method	Amount Enclosed	Purpose of Request (Including Genealogy)	
	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	<b>Applicant's Signature (Required)</b>			Print Applicant's Full Name: First, Middle, Last		
	Email			Cell/Telephone Number		
	Mailing Address					
	Street	Apt/Suite	City	State	Zip Code	
	<b>Your Relationship to Person on Certificate - Check One: *PROOF of relationship MUST be provided.</b> <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 <input type="checkbox"/> Legal Interest <small>(Beneficiary, Insurance Policy, Will, Personal Representative, Property, etc.) Documentation must be provided to support this legal interest.</small>					
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				Order Number _____	
	<b>Verification:</b> <input type="checkbox"/> Process <input type="checkbox"/> Insufficient <input type="checkbox"/> Call <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 _____				State File Number _____	
				Date Entered _____		
				Date Issued _____		
				Serial Numbers _____		
				Receipt # _____		
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		\$20.00 X _____ = \$ _____ # of Paid Copies Requested Amount to be Charged			
<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.**