



Maricopa County Department of Public Health

Request for Certified Copy of ARIZONA Death

Date Stamp Here

Mail Application: MCOVR (Maricopa County Office of Vital Registration) PO Box 2111 – Phoenix AZ – 85001 Apply In Person: 4 Locations Valleywide Fees: \$20.00 per Certified Copy \$30.00 per Correction or Amendment \$5.00 per Government Request or Genealogical Research ONLY Please! No Cash or Checks – Thank you!	<p style="text-align: center; color: red; margin: 0;">CUSTOMER Checklist</p> <input type="checkbox"/> ID Required - Front and Back Photocopy of Your Valid, Signed Government Photo ID OR 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"/> Include Required Documents (e.g., Proof of Relationship, etc.)
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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 Address		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. Documentation must be provided to support eligibility.					
	<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 _____					

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
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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 _____ State File Number _____ Date Entered _____ Date Issued _____ Serial Numbers _____ Receipt # _____	
	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 _____			

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				<p>*Must attach copy of credit card holder's valid, current government photo ID with signature.</p>
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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)

West Valley - 1850 N. 95th Ave., Ste. 182, Phoenix 85037 (101 Fwy/N. of McDowell)

East Valley - 331 E. Coury Ave., Mesa 85210 (S. of US 60 Exit Mesa Drive)

Northwest Valley - 8088 W. Whitney Dr., Peoria 85345 (Corner of Grand Ave. & Cotton Crossing)

Hours: Monday, Tuesday, Thursday, and Friday 8:00am-4:30pm
Wednesday 9:00am-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	Correction/Amendment
	\$5.00	Per Government Request or Genealogical Research ONLY

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