



Maricopa County Department of Public Health

Request for Certified Copy of ARIZONA Birth Certificate

Date Stamp Here

Mail Application to 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!

CUSTOMER Checklist

- ID Required - **Front and Back** Photocopy of Your Valid, Signed Government Photo ID **OR** Have Your Signature Notarized on Application
- Sign the Application – **Don't Forget!**
- Include a Self-Addressed Stamped Envelope
- Correct Fee Required – Please, no Cash or Checks
- Include Required Documents (e.g., Proof of Relationship, etc.)

Order Info	Today's Date	Purpose of Request	# of Certified Copies Requested	# of Non-Certified Genealogy Copies Requested	Payment Method	Amount Enclosed	
Birth Certificate Information	Name on Birth Certificate						
	First		Middle		Last		
	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Town/City of Birth	County of Birth	Hospital		
	Mother's/Parent's First Name		Middle	Last Name Prior to Marriage		Date of Birth	State (if US) or Country of Birth
	Father's/Parent's First Name		Middle	Last	Date of Birth	State (if US) or Country of Birth	
	Does person on certificate belong to an Arizona Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please specify Tribe:			
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 if you are NOT named on the certificate.							
<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 _____ <input type="checkbox"/> Self, I am at least 16 years of age and either have no residential address or I am in the Department of Child Safety's (DCS) custody. [A.R.S.36-24(F)]							
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 _____						
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			State File Number _____			
	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 _____			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			
	Signature of Card Holder _____ \$20.00 X _____ = \$ _____ <div style="display: flex; justify-content: space-between;"> # of Paid Copies Requested Amount to be Charged </div>						

Affix Seal/Stamp Here

*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 Valleywide**

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 8:00 am-4:30 pm
Wednesday 9:00 am-4:30 pm
Closed holidays and other dates

Phone: 602-506-6805

Apply Online: VitalChek.com – Additional fees for service in addition to the cost per certified copy.

****Mail and walk-in services may be faster and with no add-on fees!**

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	\$30.00	Correction or Amendment
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Questions? Call or Stop in! We are here to assist you.