



# 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>Apply In Person: 5 Locations Valley wide</b> <b>Fees: \$20.00</b> per Certified Copy <b>\$30.00</b> per Correction or Major Change to an AZ Death Record <b>\$5.00</b> per Government Request or Genealogical Research ONLY  <b>Please! No Cash or Checks – Thank you!</b>	<p style="text-align: center; color: red;"><b>CUSTOMER Checklist</b></p> <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"/> Include Required Documents (e.g. Proof of Relationship, etc.)
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<b>Order Info</b>	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)	

<b>Death Certificate Info</b>	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

<b>Person Requesting Certificate</b>	Applicant's Signature ( <b>Required</b> )			Print Applicant's Full Name: First, Middle, Last		
	Email			Cell/Telephone Number		
	Mailing Address					
	Street	Apt/Suite	City	State	Zip Code	
	Your Relationship to Person on Certificate - Check One: <b>*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 _____ <span style="color: red; font-size: small;">Documentation must be provided to support eligibility.</span>					

<b>Notary Area</b>	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.		Affix Seal/Stamp Here
	Notary Signature _____ My Commission Expires _____		

<b>Office Use Only</b>	<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  <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 # _____	

<b>Credit Card</b>	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				
	*Must attach copy of credit card holder's valid, current government photo ID with signature.				
	_____ \$20.00 X _____ = \$ _____ Signature of Card Holder # of Paid Copies Requested Amount to be Charged				

**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: **5 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 - 331 E. Coury Ave., Mesa 85210 (S. of US 60 Exit Mesa Drive)  
Northwest - 8088 W. Whitney Dr., Peoria 85345 (Corner of Grand Ave. & Cotton Crossing)

**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 copy.

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

<b>Fees:</b>	<b>\$20.00</b>	Per Certified Copy
	<b>\$30.00</b>	Change to vital record and fee includes 1 certified copy
	<b>\$5.00</b>	Per Government Request or Genealogical Research ONLY

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