

Sample of form to find online

Bureau of Vital Records Request for Copy of Birth Certificate

INFO	For Office Use Only—State File Number/Serial Number				Order Number	
	Please visit the Bureau of Vital Records website https://azdhs.gov/licensing/vital-records/index.php for the following information: <ul style="list-style-type: none"> • Fees • Locations, office hours, and availability of services • Eligibility requirements and acceptable identification • Correction, amendment, and registration information • Download forms Telephone: 602-364-1300 Apply Online: www.VITALCHEK.com (Refer to website for their current fees)				CUSTOMER MAIL IN CHECKLIST <ul style="list-style-type: none"> <input type="checkbox"/> Clear photocopy of the front and back of your valid, signed government photo ID OR have your signature notarized <input type="checkbox"/> Proof of relationship enclosed if required (birth certificates, certified court documents, etc) <input type="checkbox"/> Sign the application/Original signature required <input type="checkbox"/> Include self-addressed stamped envelope <input type="checkbox"/> Correct fee enclosed - https://azdhs.gov/licensing/vital-records/index.php#local-county 	
PAYMENT INFO	Today's Date	# of Certified Copies Requested	# of Non-certified Genealogy copies requested	Purpose of Request		Payment Method
	Payment Information					
	Card Number			Card Expiration Date	/	<input type="checkbox"/> Visa <input type="checkbox"/> MC
Billing Zip Code						CCV#
Signature of Cardholder— Must provide photocopy of valid government issued identification if cardholder is not the applicant.						Amount to be Charged \$
BIRTH CERTIFICATE INFORMATION	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Name on Birth Certificate			
			First	Middle	Last	
	Town/City of Birth		County		Hospital	
	Mother's/Parent's First Name	Middle	Last Name prior to first 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
	Do you belong to an Arizona Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify tribe.			
PERSON REQUESTING	Applicant's Full Name—Printed			Applicant's Signature—Required		
	First	Middle	Last			
	Mailing Address					
	Street		City		State	Zip
Daytime Telephone Number			Email Address			
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						
NOTARY AREA	Applicable only if no government issued photo ID is available					
	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 _____					