

REQUEST FOR CERTIFIED COPY OF ARIZONA DEATH CERTIFICATE

Pima County Vital Records
3950 S. Country Club
Tucson, AZ 85714
520-724-7770

Mail to: Pima County Vital Records 3950 S. Country Club Rd. Tucson, AZ 85714 Fees: \$20 for each certified copy \$30 per correction or major change to an AZ death record Do not mail CASH				CUSTOMER CHECKLIST <input type="checkbox"/> ID Required: FRONT AND BACK photocopy of your valid, signed government photo ID or notarized signature on application. <input type="checkbox"/> Don't forget to sign the application. <input type="checkbox"/> Include a self-addressed, stamped envelope. <input type="checkbox"/> Correct fee is required. Checks, money order, Visa or MasterCard are accepted. NO CASH <input type="checkbox"/> Include any required documents (e.g. proof of relationship, etc.)	
Order Info	Today's Date	# of Copies Requested	Payment Method	Amount Enclosed	Purpose of Request
Death Certificate Information	Are Copies for Government Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, List Each Type of Claim: <input type="checkbox"/> SSA <input type="checkbox"/> VA <input type="checkbox"/> Other _____		
	Name on Death Certificate First _____ Middle _____ Last _____				
	Date of Death	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security Number	Name of Funeral Home or Donation Facility
	Place of Death: <input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other _____ City _____ County _____ State _____				
	Applicant's Signature (REQUIRED) _____ Print Applicant's Full Name: First, Middle, Last _____				
Person Requesting Certificate	Cell/Telephone Number		Email		
	Mailing Address (Street, Apt/Suite, City, State, Zip Code) _____				
	Your Relationship to Person on Certificate - Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Adult Child <input type="checkbox"/> Adult Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____ <small>(Beneficiary, insurance policy, Will, Personal Representative, Property, etc. Documentation must be provided to support this legal interest.)</small>				
Credit Card	Payment Information _____ - _____ - _____ - _____ / ____/____ <input type="checkbox"/> VISA <input type="checkbox"/> MC <small>Card Number Card Expiration Date</small>				Must attach copy of credit card holder's valid, current government photo ID with signature. \$20 x _____ = \$ _____ <small>No. of Copies Amount to be Charged</small>
	Printed name of card holder _____ Card holder signature _____				
Notary Area	State of _____, County of _____ Affix notary stamp below				
	On this _____ day of _____, 20____, before me personally appeared _____ _____ (name of signer) whose identity as proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that the/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				State File Number _____ D.A.V.E. ID _____ Date Entered _____ Date Issued _____ Serial Number _____
	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/Declined <input type="checkbox"/> Need ID with Signature <input type="checkbox"/> Need Documents <input type="checkbox"/> ID Expired/Invalid <input type="checkbox"/> Need Signature <input type="checkbox"/> Other _____				
