

<b>Mail Application to:</b> MCOVR (Maricopa County Office of Vital Registration) <b>PO Box 2111 – Phoenix AZ – 85001</b>					<p align="center"><b><u>CUSTOMER Checklist</u></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.)				
<b>Apply In Person:</b> <b>5 Locations Valley wide</b>  <b>Fees:</b> \$20.00 per Certified Copy \$30.00 per Correction or Major Change to an AZ Birth Record \$5.00 per Government Request or Genealogical Research ONLY  <b>Please! No Cash or Checks – Thank you!</b>									
Order	Today's Date	Purpose of Request	# of Certified Copies Requested	# of Non-Certified Genealogy Copies Requested	Payment Method	Amount Enclosed			
Birth Certificate Information	<b>Name on Birth Certificate</b>								
	<b>First</b>		<b>Middle</b>		<b>Last</b>				
	<b>Date of Birth</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Town/City of Birth</b>	<b>County of Birth</b>	<b>Hospital</b>				
	<b>Mother's/Parent's First Name</b>		<b>Middle</b>	<b>Last Name Prior to Marriage</b>		<b>Date of Birth</b>			
	<b>Father's/Parent's First Name</b>		<b>Middle</b>	<b>Last</b>		<b>Date of Birth</b>			
	<b>Do you belong to an Arizona Tribe?</b>		<b>If yes, please specify tribe.</b>						
Person Requesting Certificate	<b>Applicant's Signature (<span style="color: red;">Required</span>)</b>			<b>Print Applicant's Full Name: First, Middle, Last</b>					
	<b>Cell/Telephone Number</b>			<b>Email</b>					
	<b>Mailing Address</b>								
	<b>Street</b>	<b>Apt/Suite</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>				
	Your Relationship to Person on Certificate - Check One <b>*PROOF of relationship MUST be provided if you are NOT named on the certificate.</b> <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.36-324(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 _____								
	<input type="checkbox"/> ID Verified/Notarized <input type="checkbox"/> Proof of Eligibility Verified <input type="checkbox"/> CC Holder's ID Verified <b>Verification:</b> <input type="checkbox"/> Process <input type="checkbox"/> Insufficient <input type="checkbox"/> Call  <b>Insufficient Reason:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> No Fee/Incorrect Fee  <input type="checkbox"/> Incorrect Payment Type  <input type="checkbox"/> CC Expired  <input type="checkbox"/> ID Expired/ Invalid           </div> <div> <input type="checkbox"/> Need Clear Copy of ID  <input type="checkbox"/> Need CC holder's ID with Signature  <input type="checkbox"/> Need ID w/ Signature  <input type="checkbox"/> Need Signature           </div> <div> <input type="checkbox"/> Applicant Ineligible  <input type="checkbox"/> Not an AZ Record  <input type="checkbox"/> Need Documents  <input type="checkbox"/> Other _____           </div> </div>				<b>Order Number</b> _____ <b>State File Number</b> _____ <b>Date Entered</b> _____ <b>Date Issued</b> _____ <b>Serial Numbers</b> _____ <b>Receipt #</b> _____				
Credit Card	<b>Payment Information</b> <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								
	<div style="display: flex; justify-content: space-between;"> <div>           Signature of Card Holder _____            \$20.00 X _____ = \$ _____            # of Paid Copies Requested         </div> <div style="text-align: right;"> <b>*Must attach copy of credit card holder's valid, current government photo ID with signature.</b>  <b>Amount to be Charged</b> </div> </div>								

**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, Suite 100, Phoenix 85016 (1 Block S of Osborn)

Goodyear Office -14130 W McDowell Rd, Goodyear 85395

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

Glendale Office – 5141 W Lamar Rd, Glendale 85301 (51<sup>st</sup> Ave and Lamar Rd)

Northwest - 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 days

**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. 602-506-6805**