

(Black ink)

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COUNTER MAIL

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

\$10.00 Each Copy \$23.00 Paternity/Corrections from 1997 to present

Form with fields for TODAY'S DATE, ENCLOSED \$ AMOUNT, IN CASH, CHECK, ETC, FOR # OF COPIES CERTIFIED COPIES, CHILD'S FULL NAME AT BIRTH (FIRST, MIDDLE, LAST), DATE OF BIRTH (MONTH, DAY, YEAR), PLACE OF BIRTH, TOWN OR CITY, COUNTY, HOSPITAL, FATHER'S NAME (FIRST, MIDDLE, LAST), PLACE OF BIRTH, STATE OR COUNTRY, MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST), PLACE OF BIRTH, STATE OR COUNTRY, RELATIONSHIP TO PERSON NAMED IN CERTIFICATE, SIGNATURE, TELEPHONE NUMBER, ID TYPE, # & EXP. DATE (FOR OFFICE USE ONLY).

▼ PRINT OR TYPE NAME AND MAILING ADDRESS ▼

Form with fields for YOUR NAME, MAILING ADDRESS (STREET OR P.O. BOX), CITY AND STATE, ZIP CODE.

Make check/money order payable to and mail to: Maricopa County Office of Vital Registration P.O. Box 2111 Phoenix, Arizona 85001 (602) 506-6805

FOR OFFICE USE ONLY: DATE ISSUED, SFN, ATS DATE, T R X #

If applying in person, we are located at 3221 N. 16th Street, Suite #100, Phoenix, Arizona 85016

081-2515 R01-07

20 DAY OF SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS

NOTARY'S SIGNATURE

MY COMMISSION EXPIRES:

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IF APPLYING IN PERSON, A VALID GOVERNMENT PICTURE ID IS REQUIRED
If applying by mail, have application notarized or include a copy of your ID.

Credit\Debit Card MC or Visa Exp. Date MM\YY

If mailing in your application & paying by check, a copy of a VALID GOVERNMENT PICTURE ID must be provided by the person signing.
WARNING: False application for a birth certificate is a punishable offense.

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