

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH SERVICES APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

NUMBER OF COPIES REQUESTED				\$20.00 EACH COPY	
VA (FREE)	FICA (FREE)	PERSONAL	TOTAL		
			\$		
1. FULL NAME OF DECEASED		FIRST	MIDDLE	LAST	2. TODAY'S DATE
3. DATE OF DEATH	MONTH	DAY	YEAR	4. PLACE OF DEATH	CITY OR TOWN
				FOR OFFICE USE ONLY	
5. FUNERAL HOME				DATE ISSUED:	
6. SIGNATURE OF APPLICANT				PERMIT # & SFN	
7. RELATIONSHIP TO DECEASED			TELEPHONE NUMBER	DATE REGISTERED	
				Receipt # (Cash or Charge)	
YOUR NAME				DOC SERIAL # (BEGINNING)	
MAILING ADDRESS STREET OR P.O. BOX				DOC SERIAL # (ENDING)	
CITY AND STATE			ZIP CODE	Government ID, & Exp. Date	

081-2516 R03/09 If applying in person, we are located at 3221 N. 16th Street, Suite #100, Phoenix, Arizona 85016

MAKE CHECK PAYABLE TO AND MAIL TO: MARICOPA COUNTY OFFICE OF VITAL REGISTRATION • P.O. Box 2111 • Phoenix, AZ 85001 • (602)506-6805

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

NOTARY'S SIGNATURE

MY COMMISSION EXPIRES: _____

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Exp. Date MMYY

IF APPLYING IN PERSON, A VALID GOVERNMENT PICTURE ID IS REQUIRED

MC or Visa

(ID & Proof of Relationship Required)

If mailing in your application & paying by check, a copy of a VALID GOVERNMENT PICTURE ID must be provided by the person signing; otherwise, the application may be notarized.

WARNING: False application for a death certificate is a punishable offense.

Credit/Debit Card

Exp. Date MMYY

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