MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH

FUNERAL HOME APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

NUMBER OF COPIES REQUESTED & AMOUNT DUE

FETAL DEATH ($20)	STILLBIRTH ($20)	GOV'T CLAIM (VA)	GOV'T CLAIM (SSA)	DEATH CERTIFICATE ($20)	TOTAL COST
					$

ILLEGIBLE APPLICATIONS WILL BE REJECTED

1. NAME OF DECEDENT ON RECORD — FIRST | MIDDLE | LAST

2. TODAY'S DATE

3. DATE OF BIRTH | DATE OF DEATH | COUNTY OF DEATH

5. FUNERAL HOME

6a. FUNERAL DIRECTOR'S SIGNATURE

*SIGNING HERE AFFIRMS YOU HAVE VERIFIED THE APPLICANT'S RELATIONSHIP TO THE DECEDENT

6b. FUNERAL DIRECTOR'S NAME PRINTED | LICENSE #

7. APPLYING ON BEHALF OF | RELATIONSHIP

8. SPECIAL REQUEST (e.g. with cause, pending , additional request, shipper)

OFFICE USE ONLY

CSMS REQUEST ID #

SFN

DATE ISSUED

SERIAL #—VA COPY

SERIAL #—SSA COPY

SERIAL #(S)-CERTIFIED

RECEIPT #

PAYMENT TYPE | CHECK #

CHARGE ACCOUNT HOLDERS MAY FAX TO 602-372-4169

OTHERWISE, APPLY WITH PAYMENT IN PERSON AT 1 OF OUR 4 LOCATIONS OR BY MAIL TO **MCDPH VITAL REGISTRATION, P.O. BOX 2111, PHOENIX AZ 85001**

REV. 9/2014

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