

Office of Vital Registration – Central Valley
3221 N. 16th St., Ste. 100 • Phoenix, AZ 85016
Phone: (602) 506-6805 • Fax: (602) 372-8866

MaricopaVitalRecords.com
Mail: P.O. Box 2111 • Phoenix, AZ 85001

Identity Verification Form

Request Date: _____

Applicant Name: _____ Contact Phone: _____

Email Address: _____

Name on Certificate: _____

Important!

All major types of credit cards (Visa, Mastercard, Discover, AMEX) are accepted. Credit card information will not be collected through this application. A Vital Records Representative will contact you to discuss the status of your request upon receipt of a completed application.

Once your request is received, a notification receipt will be sent to your email address with a tracking number. You may call 602-506-6805 option 3 to follow up on the status of your request. Please allow 3-5 business days for application processing time.

In lieu of uploading your identification to the automated application, complete and sign this form in front of a Notary.

State of _____ County of _____

On this _____ day of _____, 20 _____ before me personally appeared

_____ (name of signer), whose identity was

Affix Seal/Stamp Here

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 _____

Signature and Date Required

Applicant's Signature: _____ Date: _____