

REQUEST FOR COPY OF BIRTH CERTIFICATE

WARNING: False application for a birth certificate is a felony offense. Signature of applicant must be NOTARIZED or this form must be accompanied by a copy of a VALID GOVERNMENT ISSUED PICTURE I.D. which contains the applicant signature.

Date	Enclosed \$ _____ (amount) in _____ (form of payment) for _____ (number of copies)		
I. Registrant (Person on Certificate or new name if amended)			State File Number
Full Name at Birth or new name on certificate if name changed		Date of Birth	Sex
Place of Birth (City, County, State)			Notary Stamp Here
Mother's Maiden Name (First, Middle, Last)		Mother's Place of Birth	
Hospital or Facility		Father's Name (First, Middle, Last)	
		Father's Place of Birth	
II. Applicant (Person Making Request) Print Plainly - Return Address	Your Signature		
	Your Name		
	Your Mailing Address (Number & Street)		
	(Town, State, Zip Code)		
	Relationship to Registrant (e.g. parent, attorney, etc.)	Reason for Request	Phone Number (Required)
			State of _____ County of _____ On this _____ day of _____, 20____ before me personally appeared _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document. _____ Notary Signature _____ My Commission Expires

Pinal County Public Health Services District
41600 West Smith-Enke Road Building 15
Maricopa, AZ 85139

Mail To: P.O. Box 2945
Florence, AZ 85132

CASH, MONEY ORDER, PERSONAL CHECK

Phone: (520) 866-4621
Toll Free: (800) 231-8499 ext. 4621