

REQUEST FOR COPY OF DEATH FETAL DEATH BIRTH RESULTING IN STILLBIRTH

WARNING: False application for a death certificate is a felony offence. If applying by mail 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. Decedent (Person on Certificate or new name if amended)			State File Number
Name of Deceased (First, Middle, Last)		Date of Death	Sex
Social Security Number		Are Copies to be Used for US Gov't Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notary Stamp Here
If Yes, List Each Type of Claim			
Place of Death - Hospital or Residence (City, County, State)			
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
500 South Central Ave
Florence, AZ 85232

Mail To: P.O. Box 2945
Florence, AZ 85232

CASH, MONEY ORDER, PERSONAL CHECK

Phone: (520) 866-7318
Toll Free: (800) 231-8499 ext. 7318