### Mail Application:
Pinal County Public Health  
PO BOX 2945, Florence, AZ 85132  
(520) 866-7318 / (800) 231-8499

### Apply in Person:
Two Locations to serve you:  
- **Maricopa Clinic**  
  41600 W. Smith-Enke Rd, BLDG 15  
  Maricopa, AZ 85138  
  (520) 866-4621  
  (800)231-8499 ext. 4621  
  Hours: Tuesday - Friday / 8 am - 6 pm  
- **San Tan Valley Clinic**  
  36235 N. Gantzel Rd  
  San Tan Valley, AZ 85142  
  (520) 866-4670  
  (800) 231-8499 ext. 4670  
  Hours: Monday - Thursday / 8 am - 6 pm  

### Fees:
- $20.00 per certified copy  
- $30.00 per Correction, Amendment, Paternity, Court Order  

### Application Checklist:
- Include clear photocopy of your valid Government Photo ID OR have your signature notarized  
- Signed application  
- Correct Fee enclosed

### Application Form

<table>
<thead>
<tr>
<th>Order Info</th>
<th>Date</th>
<th># of Copies</th>
<th>Purpose of Request</th>
<th>Payment Method (Circle One)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birth Certificate Information</th>
<th>Date of Birth</th>
<th>Name on Certificate: First</th>
<th>Middle</th>
<th>Last</th>
<th>Payment Method (Circle One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Town/City of Birth</td>
<td>County</td>
<td>Hospital</td>
<td>Mother's First Name</td>
<td>Middle</td>
<td>Last (Maiden)</td>
</tr>
<tr>
<td>Father's First Name</td>
<td>Middle</td>
<td>Last</td>
<td>Date of Birth</td>
<td>State of Birth</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Person Requesting Certificate</th>
<th>Applicant's Full Name - PRINTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant's Signature - MANDATORY</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>City</td>
</tr>
<tr>
<td>Phone Number (Required)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Relationship to person on certificate - Circle One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self, Parent, Child, Brother/Sister, Legal Guardian, Spouse, Grandparent, Gov't Agency, Other</td>
</tr>
</tbody>
</table>

**PROOF of relationship MUST be provided if you are NOT named on certificate**

### Notary Area

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 document.  
Notary Signature:_______________________ My Commission Expires_________________  

Affix Seal / Stamp Here