

**PINAL COUNTY DEPARTMENT OF PUBLIC HEALTH  
REQUEST FOR COPY OF ARIZONA DEATH CERTIFICATE**

**WARNING: False Application for a Death Certificate is Felony offense**

<p><b>Mail Application:</b> Pinal County Public Health PO BOX 2945, Florence, AZ 85132 (520) 866-7318 / (800) 231-8499</p> <p><b>Mortuaries Only:</b> 971 N Jason Lopez Circle, Bldg D Florence, AZ 85132</p> <p><b>Apply in Person:</b> Two Locations to serve you:</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p><b>Maricopa Clinic</b> 41600 W. Smith-Enke Rd, BLDG 15 Maricopa, AZ 85138 (520) 866-4621 (800) 231-8499 ext. 4621 <b>Hours: Tuesday - Friday / 8 am - 6 pm</b></p> </td> <td style="width:50%; vertical-align: top;"> <p><b>San Tan Valley Clinic</b> 36235 N. Gantzel Rd San Tan Valley, AZ 85142 (520) 866-4670 (800) 231-8499 ext. 4670 <b>Hours: Monday - Thursday / 8 am - 6 pm</b></p> </td> </tr> </table> <p><b>Fees:</b> \$20.00 per certified copy \$30.00 per Correction, or Amendment</p> <p align="center"><b>Method of Payment: Cash, Check or Money Order</b></p>	<p><b>Maricopa Clinic</b> 41600 W. Smith-Enke Rd, BLDG 15 Maricopa, AZ 85138 (520) 866-4621 (800) 231-8499 ext. 4621 <b>Hours: Tuesday - Friday / 8 am - 6 pm</b></p>	<p><b>San Tan Valley Clinic</b> 36235 N. Gantzel Rd San Tan Valley, AZ 85142 (520) 866-4670 (800) 231-8499 ext. 4670 <b>Hours: Monday - Thursday / 8 am - 6 pm</b></p>	<p align="center"><b>Application Checklist</b></p> <p><input type="checkbox"/> Included clear photocopy of your valid Government Photo ID <b>OR</b> have your signature notarized</p> <p><input type="checkbox"/> Proof of Relationship or legal Interest</p> <p><input type="checkbox"/> Signed Application</p> <p><input type="checkbox"/> Correct Fee enclosed</p>
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Order Info	Date	# of Copies	Purpose of Request	Payment Method (Circle One) Cash, Check, Money Order
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<b>Death Certificate Information</b>	Date of Death	Name of Deceased: First Middle Last		
	Social Security Number	Are Copies to be Used for U.S. Gov't Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, List Each Type of Claim:
	Place of Death - Hospital or Residence (City, County, State)			

<b>Person Requesting Certificate</b>	Applicant's Full Name - PRINTED			
	Applicant's Signature - <b>MANDATORY</b>			
	Mailing Address:	City	State	ZIP
	Phone Number			
	<p><b>Your Relationship to person on certificate - Circle One</b></p> <p>Parent, Child, Brother/Sister, Legal Guardian, Spouse, Grandparent, Gov't Agency, Other</p> <p><b>** PROOF of relationship or legal interest MUST be provided</b></p>			

<b>Notary Area</b>	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.
	Affix Seal / Stamp Here
	Notary Signature: _____ My Commission Expires _____