



REQUEST FOR CERTIFIED COPY OF ARIZONA BIRTH CERTIFICATE

5515 S. Apache Ave., Ste. 100, Globe, AZ 85501
Phone: (928)402-8811 | Fax: (928)425-8817



Mail to: Gila County Vital Records
5515 S. Apache Ave., Ste. 100
Globe, AZ 85501

Fees: \$20.00 for each certified copy
\$30.00 for each amended Arizona Birth Record
DO NOT MAIL CASH

CUSTOMER CHECKLIST

- ID Required - front and back photocopy of your valid, signed government issued ID OR notarized application.
- Government photo ID OR notarized signature on application
- Don't forget to sign the application
- Correct fee required – DO NOT MAIL CASH
- Include any required documents (e.g. proof of relationship, etc.)

ORDER INFORMATION

Today's Date	Purpose of Request	# of Copies Requested
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BIRTH CERTIFICATE INFORMATION

Name on Birth Certificate				
First	Middle	Last		
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	County of Birth	Town/City of Birth	Hospital
Mother's First Name	Middle	Maiden Last	Date of Birth	Place of Birth
Father's First Name	Middle	Last	Date of Birth	Place of Birth

PERSON REQUESTING CERTIFICATE

Signature of Applicant – (REQUIRED) X	Date	Print Name of Applicant (First, Middle, Last)
Daytime Contact Number	Email Address	
Mailing Address		
Street or PO Box	Apt/Suite	City State Zip Code
Relationship to Person on Certificate – Supporting Documents may be required <input type="checkbox"/> I am at least 16 years old and have no address or in DCS care.		
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Spouse <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Gov. Agency <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____		

PAYMENT INFORMATION

<input type="checkbox"/> Cash	Amount Enclosed:	_____ - _____ - _____ / _____ EXP
<input type="checkbox"/> Check/Money Order	Check #:	_____ CVV _____ Card Holder Signature
<input type="checkbox"/> Debit/Credit Card	Money Order #:	Transaction fees will apply when using card payment

NOTARY AREA

State of _____ County of _____
on this ____ day of _____, 20__ before me personally appeared _____ (name of signer),
Whose identity as proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledge that he/she signed the above document.

NOTARY SIGNATURE **EXPIRATION DATE**

AFFIX NOTARY STAMP
HERE:

FOR OFFICE USE ONLY

<input type="checkbox"/> ID Verified <input type="checkbox"/> Proof of Eligibility Verified	SFN:
<input type="checkbox"/> Process <input type="checkbox"/> Insufficient <input type="checkbox"/> Call	Request ID:
Insufficient Reason: <input type="checkbox"/> No Fee/Incorrect Fee <input type="checkbox"/> Incorrect Payment Type <input type="checkbox"/> CC Expired/Declined <input type="checkbox"/> Not an AZ Record <input type="checkbox"/> Need Documents <input type="checkbox"/> Applicant Ineligible <input type="checkbox"/> Other: _____	Date Entered:
	Date Issued:
	Serial No.:
	Receipt No.:
	Initials of User:

Gila County Office of Vital Records

5515 S. Apache Ave., Ste. 100
Globe, AZ 85501
vitalrecords@gilcountyaz.gov | (928)402-8806

TO APPLY BY MAIL, SUBMIT ALL COMPLETED, SIGNED APPLICATIONS TO:

Gila County Office of Vital Records

5515 S. Apache Ave., Ste. 100

Globe, AZ 85501

www.gilacountyaz.gov – download and print Vital Records forms.

TO APPLY IN PERSON:

2 Gila County Locations

Globe (Main Office)

5515 S. Apache Ave., Ste. 100

Globe, AZ 85501

(928)402-8811

Payson

110 W. Main St. Suite A

Payson, AZ 85541

(928)474-7180

Hours:

Monday-Friday 8:00am-5:00pm

Please contact for closed dates

TO APPLY VIA FAX:

Fax all required documents to (928)425-8817

Required documents include, but are not limited to:

- **Completed, signed application**
- **Front and Back photocopy of the person requesting's valid, government issued ID**
 - **Complete Credit/Debit card information as requested on the application**
- **Any supporting documents that may be required (i.e. guardianship documents, birth certificate, marriage license, etc.)**

FEES:

\$20.00 Per Certified Copy

\$30.00 Per Amended/Corrected Arizona Birth Record

When using debit/credit card as payment transaction fees will apply

Please contact our office for all processing fees.

**For any questions regarding Vital Records please contact us at (928)402-8806 or
vitalrecords@gilacountyaz.gov**