



# REQUEST FOR CERTIFIED COPY OF ARIZONA DEATH CERTIFICATE

Gila County Vital Records  
5515 S. Apache Ave., Ste. 100  
Globe, AZ 85501  
(928)402-8811

<b>Mail to:</b> Gila County Vital Records 5515 S. Apache Ave., Ste. 100 Globe, AZ 85501  <b>Fees:</b> \$20.00 for each certified copy \$30.00 for each amended Arizona Death Record <b>DO NOT MAIL CASH</b>	<p style="text-align: center; color: red;"><b>CUSTOMER CHECKLIST</b></p> <input type="checkbox"/> ID Required - front and back photocopy of your valid, signed government issued ID <u>OR</u> notarized application. <input type="checkbox"/> Government photo ID <u>OR</u> notarized signature on application <input type="checkbox"/> Don't forget to sign the application <input type="checkbox"/> Correct fee required – <b>DO NOT MAIL CASH</b> <input type="checkbox"/> Include any required documents (e.g. proof of relationship, etc.)
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ORDER INFORMATION		
Today's Date	Purpose of Request	# of Copies Requested

DEATH CERTIFICATE INFORMATION			
Are Copies for Government Claims?	If yes, list each type of claim: (SSA, VA, Etc.)	How many copies are needed for government use only?	
Name on Death Certificate			
First	Middle	Last	
Date of Death	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security Number
Place of Death		Funeral Home or Donation Facility	

PERSON REQUESTING CERTIFICATE	
Signature of Applicant – <b>(REQUIRED)</b> <b>X</b>	Date
Print Name of Applicant (First, Middle, Last)	
Daytime Contact Number	Email Address
Mailing Address	
Street or PO Box	Apt/Suite
City	State
Relationship to Person on Certificate – <b>Supporting Documents may be required</b>	Zip Code
<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"/> Funeral Director <input type="checkbox"/> Other: _____	

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

NOTARY AREA	FOR OFFICE USE ONLY	
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.	<input type="checkbox"/> ID Verified <input type="checkbox"/> Proof of Eligibility Verified <input type="checkbox"/> Process <input type="checkbox"/> Insufficient <input type="checkbox"/> Call <b>Insufficient Reason:</b> <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: _____	SFN:  Request ID:  Date Entered:  Date Issued:  Serial No.:  Receipt No.:  Initials of User:
<b>NOTARY SIGNATURE</b> <b>EXPIRATION DATE</b>  <b>AFFIX NOTARY STAMP</b> <b>HERE:</b>	<b>REV. 11/23/2020</b>	

## **Gila County Office of Vital Records**

5515 S. Apache Ave., Ste. 100  
Globe, AZ 85501  
vitalrecords@gilcountyz.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.gilacountyz.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**

#### **FEES:**

**\$20.00 Per Certified Copy**

**\$30.00 Per Amended/Corrected Arizona Death 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@gilacountyz.gov**