



# REQUEST FOR CERTIFIED COPY OF ARIZONA BIRTH CERTIFICATE

5515 S. Apache Ave., Ste. 100, Globe, AZ 85501  
Phone: (928)402-8806 | 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
--------------	--------------------	-----------------------

### BIRTH CERTIFICATE INFORMATION

Name on Birth Certificate				
First	Middle	Last (Maiden)		
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 – <b>(REQUIRED)</b> <b>X</b>	Date	Print Name of Applicant (First, Middle, Last)
Daytime Phone 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**  **I am in DCS care/have no address and at least 16 years old.**  
 Self  Parent  Grandparent  Spouse  Brother/Sister  Gov. Agency  Legal Guardian  Other: \_\_\_\_\_

### PAYMENT INFORMATION

<input type="checkbox"/> Cash <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Debit/Credit Card	Amount Enclosed:	_____ / _____ EXP	
	Check #:	_____	_____
	Money Order #:	_____	_____
		CVV	Card Holder Signature
		Zip Code	
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:
<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: _____	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@gilacountyaz.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 certificate, 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**