Application for Copy of Arizona Death Certificate

OFFICE USE ONLY	
SFN: ____-_____	INSTRUCTIONS
NO. of COPIES REQUESTED	
INITIALS	

Please Print Your Full Name (Please Print Clearly)

_____

_____

_____

Or Mail to: Office of Vital Records
P.O. Box 3887
Phoenix, AZ 85030-3887
(Be sure to enclose a copy of your driver's license, required documents if needed & check or M.O. Copies are $6.00 each)

Signature of person applying for the certificate ✖ _____

Proof of eligibility and valid Government issued picture ID is required for all certificate requests.

REQUESTOR'S INFORMATION
YOUR RELATIONSHIP: (PLEASE CHECK ONE)

1. ☐ **SPOUSE** (CURRENT - PROOF REQUIRED/ NAMED AS SUCH ON DEATH CERTIFICATE OF DECEASED)
2. ☐ **BROTHER/SISTER** (PROOF REQUIRED: BIRTH CERTIFICATE MUST SHOW A PARENT'S NAME)
3. ☐ **SON/DAUGHTER** (PROOF REQUIRED: NEED BIRTH CERTIFICATE TO PROVE RELATIONSHIP)
4. ☐ **PARENT/LEGAL GUARDIAN** (PROOF REQUIRED: NAMED AS PARENT ON CERTIFICATE OR COURT ORDER SHOWING LEGAL CUSTODY)
5. ☐ **GRANDPARENT** (PROOF REQUIRED: PLEASE PROVIDE A COPY OF YOUR SON OR DAUGHTER'S BIRTH CERTIFICATE)
6. ☐ **GRANDCHILDREN** (PROOF REQUIRED: NEED BIRTH CERTIFICATES SHOWING RELATIONSHIP TO GRANDPARENT)
7. ☐ **AUTHORIZED AGENT, ATTORNEY or LEGAL REPRESENTATIVE** OF THE DECEASED LISTED IN 1 -5. PROOF REQUIRED: A CERTIFIED COPY OF A COURT ISSUED DOCUMENT THAT ESTABLISHES LEGAL INTEREST)
8. ☐ **FUNERAL DIRECTOR for**_____

IF YOU HAVE NOT CHECKED ONE OF THE ABOVE BOXES, YOU MAY NOT BE ELIGIBLE TO RECEIVE A CERTIFICATE.

Full Name of Deceased **SEX:** ☐ **MALE** ☐ **FEMALE**

_____ _____ _____
FIRST NAME MIDDLE NAME LAST NAME

If another name was ever used enter here:

Date of Death: (MM/DD/YYYY) _____/_____/_____ _____

Place of Death: _____ Arizona
Town or City County

Social Security Number (if known):

Date of Birth (if known): (MM/DD/YYYY) _____/_____/_____ ___ ___ ___ - ___ ___ - ___ ___ ___ ___