



REQUEST FOR CERTIFIED COPY OF ARIZONA BIRTH CERTIFICATE

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

Mail to: Gila County Vital Records 5515 S. Apache Ave., Ste. 100 Globe, AZ 85501	CUSTOMER CHECKLIST <input type="checkbox"/> ID Required - front and back photocopy of your valid, signed government issued ID OR notarized application. <input type="checkbox"/> Government photo ID OR notarized signature on application <input type="checkbox"/> Don't forget to sign the application <input type="checkbox"/> Correct fee required – DO NOT MAIL CASH <input type="checkbox"/> Include any required documents (e.g. proof of relationship, etc.)
Fees: \$20.00 for each certified copy \$30.00 for each amended Arizona Birth Record DO NOT MAIL CASH	

ORDER INFORMATION		
Today's Date	Purpose of Request	# of Copies Requested

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

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 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: _____	SFN: _____ Request ID: _____ Date Entered: _____ Date Issued: _____ Serial No.: _____ Receipt No.: _____ Initials of User: _____	
NOTARY SIGNATURE AFFIX NOTARY STAMP HERE:	EXPIRATION DATE		

Gila County Office of Vital Records

5515 S. Apache Ave., Ste. 100
Globe, AZ 85501
vitalrecords@gilcountyz.gov | (928)402-8811

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
107 W. Frontier St.
Payson, AZ 85541
(928)402-8811**

Hours:

**Monday-Friday 8:00am-5:00pm
Please contact for closed dates**

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)402-8811 or
vitalrecords@gilacountyz.gov**