

# PIMA COUNTY HEALTH DEPARTMENT

**\$20.00**

each copy

REQUEST FOR COPY OF     DEATH                       FETAL DEATH                       BIRTH RESULTING IN STILLBIRTH

Make money order/check out to: <b>Vital Records.</b> Do not mail cash.	Enclosed \$ _____ (amount) in _____ (form of payment) for _____ (number copies) ca, ck, c/d, m/o
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**I. Decedent (Person on Certificate or new name if amended)**

Name of Deceased (First, Middle, Last)	Date of Death	Sex
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Place of Death - Hospital or Residence (City, County, State)	Are Copies to Used for US Gov't Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List Each Type of Claim
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Credit/Debit Card    MC <input type="checkbox"/> VISA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Exp. Date MM/YY
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**WARNING:** False application for a death certificate is a felony offense. If applying by mail signature of applicant must be NOTORIZED or this form must be accompanied by a copy of a VALID GOVERNMENT ISSUED PICTURE I.D. which contains the applicant signature.

III. APPLICANT (Person Making Request) Print Plainly - Return Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"><b>Your Signature</b> </td> <td style="width: 40%; padding: 5px;">Your Name</td> <td rowspan="4" style="width: 40%; padding: 5px; vertical-align: top;">                     Mail to:                      PIMA COUNTY HEALTH DEPT.                      Office of Vital Records                      3950 S. Country Club Rd,                      Tucson, AZ 85714                       www.pimahealth.org                 </td> </tr> <tr> <td style="padding: 5px;">Your Address (Number and Street)</td> <td style="padding: 5px;">Relationship</td> </tr> <tr> <td style="padding: 5px;">City, State, Zip Code</td> <td style="padding: 5px;">Telephone number</td> </tr> </table>	<b>Your Signature</b>	Your Name	Mail to: PIMA COUNTY HEALTH DEPT. Office of Vital Records 3950 S. Country Club Rd, Tucson, AZ 85714  www.pimahealth.org	Your Address (Number and Street)	Relationship	City, State, Zip Code	Telephone number
<b>Your Signature</b>	Your Name	Mail to: PIMA COUNTY HEALTH DEPT. Office of Vital Records 3950 S. Country Club Rd, Tucson, AZ 85714  www.pimahealth.org						
Your Address (Number and Street)	Relationship							
City, State, Zip Code	Telephone number							

OFFICE NOTES:  Date Issued: _____                      Certificate #: _____	OFFICE USE ONLY:  _____ _____ _____
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Subscribed and sworn to or affirmed before me this \_\_\_\_\_  
 Day of \_\_\_\_\_  
 Notary's Signature \_\_\_\_\_  
 My Commission Expires \_\_\_\_\_