ARIZONA DEPARTMENT OF HEALTH SERVICES

BUREAU OF VITAL RECORDS

APPLICATION FOR FOREIGN BORN REGISTRATION

DATE STAMP HERE

INFO	STATE FILE NUMBER	ORDER NUMBER	SECURITY PAPER NUMBER (S)

- THIS FORM MUST BE ACCOMPANIED BY A COPY OF A VALID GOVERNMENT-ISSUED PHOTO ID THAT CONTAINS THE APPLICANT'S SIGNATURE *OR* THE SIGNATURE OF THE APPLICANT MUST BE NOTARIZED.
- PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE WITH THE APPLICATION.
- CORRECT FEE ENCLOSED, PLEASE DO NOT MAIL CASH

PLEASE SEND COMPLETED AND SIGNED APPLICATION, CORRECT FEE, AND ALL REQUIRED DOCUMENTS, TO:

BUREAU OF VITAL RECORDS
PO BOX 6018
PHOENIX, AZ 85005

TELEPHONE: 602-364-1300
WEBSITE: https://www.azdhs.gov/policy-intergovernmental-affairs/vital-records/index.php#adoption-register-foreign-birth

ORDER INFO	# OF CERTIFIED COPIES REQUESTED	PAYMENT METHOD	ENCLOSED FEE

CREDIT CARD INFO

PAYMENT INFORMATION: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER CARD

_____-_____-_____-_____ CARD NUMBER

__/__ EXPIRATION DATE

___ CVV

_____ BILLING ZIP CODE

_____ PRINT NAME OF CARDHOLDER

_____ SIGNATURE OF CARDHOLDER

***IF THE CREDIT CARD DOES NOT BELONG TO THE APPLICANT, YOU MUST SUBMIT A CLEAR COPY OF THE CREDIT CARD HOLDER'S VALID, CURRENT GOVERNMENT PHOTO ID WITH SIGNATURE.**

AMOUNT TO BE CHARGED

BIRTH FACTS OF REGISTRANT (AFTER ADOPTION)

DOES THE REGISTRANT HAVE A REGISTERED FOREIGN-BORN BIRTH CERTIFICATE IN ANOTHER STATE? ☐ YES ☐ NO

IF YOU ANSWERED YES, PLEASE SPECIFY THE STATE _____

NAME: FIRST	MIDDLE	LAST SUFFIX
DATE OF BIRTH	PLACE OF BIRTH	SEX

ADOPTIVE PARENT'S INFORMATION

FATHER'S NAME: FIRST	MIDDLE	LAST
DATE OF BIRTH	PLACE OF BIRTH	
MOTHER'S NAME: FIRST	MIDDLE	LAST (NAME PRIOR TO FIRST MARRIAGE)
DATE OF BIRTH	PLACE OF BIRTH	

PERSON REQUESTING

APPLICANT'S NAME: FIRST	MIDDLE	LAST
MAILING ADDRESS STREET CITY STATE ZIP CODE		
DAYTIME TELEPHONE NUMBER	EMAIL	RELATIONSHIP TO REGISTRANT
APPLICANT'S SIGNATURE		SIGNATURE DATE

NOTARY AREA

APPLICABLE ONLY IF NO GOVERNMENT ISSUED PHOTO ID IS AVAILABLE

STATE OF _____ COUNTY OF _____ __

ON THIS _____ DAY OF _____, 20____ BEFORE ME PERSONALLY APPEARED _____ (NAME OF SIGNER), WHOSE IDENTITY WAS PROVEN TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THIS DOCUMENT, AND WHO ACKNOWLEDGES THAT HE/SHE SIGNED THE ABOVE DOCUMENT.

NOTARY SIGNATURE _____MY COMMISSION EXPIRES: _____

SEAL