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ARIZONA DEPARTMENT OF HEALTH SERVICES

Bureau of Vital Records Request for Copy of Non-Certified Original Birth Certificate - Adult Adoptee (A.R.S. 36-340)

Date Stamp Here

Attention Applicants: All fields with an asterisk (*) next to the field header are required fields that must be completed.

Info

For Office Use Only – State File Number	Order Number

Please visit the Bureau of Vital Records website https://www.azdhs.gov/policy-intergovernmental-affairs/vital-records for the following information:

- Fees
- Location, office hours, and availability of services
- Eligibility requirements and acceptable identification
- Download forms

Telephone: 602-364-1300

CUSTOMER MAIL IN CHECKLIST

- ☐ Clear photocopy of the front and back of your valid, signed government photo ID OR have your signature notarized
- ☐ Requests cannot be accepted for adopted individuals born June 20, 1968 through September 28, 2021.
- ☐ Sign the application/Original signature required
- ☐ Include self-addressed stamped envelope
- ☐ Correct fee enclosed, **please do not mail cash**- https://www.azdhs.gov/policy-intergovernmental-affairs/vital-records/#fees-home

Order Info

Today's Date	# of Non-Certified Copies Requested	Payment Method	Enclosed Fee
			$

Credit Card Info

Payment Information: ☐ VISA ☐ MASTER CARD ☐ AMERICAN EXPRESS ☐ DISCOVER CARD

__ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __ (Card Number*) __ __ / __ __ (Card Expiration Date*) _____ (CVV#*) _____ (Billing Zip Code*)

*If credit card does not belong to applicant, you must submit a clear copy of the credit card holder's valid, current government photo ID with signature.

_____ Print Name of Card Holder*

_____ Signature of Card Holder*

Amount to be Charged

$

Birth Certificate Info

Date of Birth*	Sex*	Name After Adoption* First	Middle	Last
	☐ Male ☐ Female			

Place of Birth* Town/City | County | State

Hospital

Full Name of Adoptive Mother Prior to First Marriage- Printed* First | Middle | Last

Full Name of Adoptive Father - Printed* First | Middle | Last

Full Name of Birth Mother Prior to First Marriage - Printed First | Middle | Last

Full Name of Birth Father – Printed First | Middle | Last

Person Requesting

Applicant's Full Name - Printed* First | Middle | Last

Applicant's Signature* | **Signature Date***

Mailing Address* Street | City | State | Zip

Daytime Telephone Number* | **Email Address***

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: _____

Affix Seal/Stamp Here

Office Use Only

- ☐ ID Verified/Notarized Application
- ☐ Proof of Eligibility Verified
- ☐ CC Holder's ID Verified

Date Issued: _____

Verification:
- ☐ Process
- ☐ Insufficient

Insufficient Reason:
- ☐ No Fee/Incorrect Fee
- ☐ Incorrect Payment Type
- ☐ CC Expired
- ☐ ID Expired/Invalid
- ☐ Need Clear Copy of ID
- ☐ Need CC Holder's ID w/ Signature
- ☐ Need ID w/ Signature
- ☐ Need Signature
- ☐ Signatures Do Not Match
- ☐ Applicant Ineligible
- ☐ Not an AZ Record
- ☐ Need Documents
- ☐ Other: _____

PARTICIPATING OFFICE LOCATIONS

The State Bureau of Vital Records can provide service for requests for copies of a non-certified original birth certificate for an adult adoptee (A.R.S. 36-340) by mail or in person by appointment only.

There is a $5.00 fee for each copy of the original certificate requested pursuant to Arizona Revised Statutes 36-340(C).

Mail the completed application, fee, a valid government issued photo identification (or you may sign the application in the presence of a notary) to the address listed below.

Please note payment types accepted: Cash **(C)** - in person only, Money Order/Cashier's Check **(MO)**, Credit Cards **(CC)**, Debit Cards **(DC)**.

State Bureau of Vital Records
Mail to: PO Box 6018
Phoenix, AZ 85005
(602) 364-1300
(C)-In Person Only (MO) (CC) (DC)