

**PINAL COUNTY DEPARTMENT OF PUBLIC HEALTH  
REQUEST FOR COPY OF ARIZONA BIRTH CERTIFICATE**

**WARNING: False Application for a Birth Certificate is Felony offense**

<p><b>Mail Application:</b> Pinal County Public Health PO BOX 2945, Florence, AZ 85132 (520) 866-7318 / (800) 231-8499</p> <p><b>Apply in Person:</b> Two Locations to serve you:  <b>Maricopa Clinic</b>          41600 W. Smith-Enke Rd, BLDG 15          Maricopa, AZ 85138          (520) 866-4621          (800)231-8499 ext. 4621  <b>Hours: Tuesday - Friday / 8 am - 6 pm</b></p> <p><b>Fees:</b> \$20.00 per certified copy          \$30.00 per Correction, Amendment, Paternity, Court Order</p>	<p align="center"><b>Application Checklist</b></p> <p><input type="checkbox"/> Include clear photocopy of your valid Government Photo ID <b>OR</b> have your signature notarized</p> <p><input type="checkbox"/> Signed application</p> <p><input type="checkbox"/> Correct Fee enclosed</p>
<p><b>San Tan Valley Clinic</b>          36235 N. Gantzel Rd          San Tan Valley, AZ 85142          (520) 866-4670          (800) 231-8499 ext. 4670  <b>Hours: Monday - Thursday / 8 am - 6 pm</b></p>	
<p><b>Method of Payment: Cash, Check or Money Order</b></p>	

Order Info	Date	# of Copies	Purpose of Request	Payment Method (Circle One)
				Cash, Check, Money Order

Birth Certificate Information	Date of Birth	Name on Certificate: First Middle Last			
	Town/City of Birth	County	Hospital		
	Mother's First Name	Middle	Last (Maiden)	Date of Birth	State of Birth
	Father's First Name	Middle	Last	Date of Birth	State of Birth

Person Requesting Certificate	Applicant's Full Name - PRINTED			
	Applicant's Signature - <b>MANDATORY</b>			
	Mailing Address:	City	State	ZIP
	Phone Number (Required)			
<p><b>Your Relationship to person on certificate - Circle One</b></p> <p>Self, Parent, Child, Brother/Sister, Legal Guardian, Spouse, Grandparent, Gov't Agency, Other</p> <p><b>** PROOF of relationship MUST be provided if you are NOT named on certificate</b></p>				

Notary Area	State of _____ County of _____
	On this ____ day of _____, 20____ before me personally appeared _____ (name of Signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.
	Affix Seal / Stamp Here
	Notary Signature: _____ My Commission Expires _____