Mohave County Department of Public Health
request for certified copy of Arizona death certificate

For Date Stamp

Attention Applicants: All fields with an asterisk (*) are required fields that must be completed.

Address: 700 West Beale Street Kingman, AZ 86401

Mailing Address: MCDPH - Vital Records PO Box 7000 Kingman, AZ 86402

Telephone: (928) 753-0743

Operating Hours: Monday - Thursday 8:00 a.m. - 5:00 p.m.
Friday 8:00a.m - 12:00p.m.

Please visit www.mohave.gov for questions, downloadable forms, and more (under Departments tab select Public Health, then select Vital Records)

Fees: $20.00 per certified copy; $30.00 if correction made

Accepted payment methods: cash, money order, check (make payable to MCDPH), debit/credit card ($1.50 or 2.39% additional fee)

Customer Checklist

- ☐ Complete and sign application
- ☐ Clear photocopy of the front and back of your valid, signed government photo ID or have your application notarized
- ☐ Proof of relationship (required) enclosed (birth certificates, court orders, marriage certificate, etc)
- ☐ Correct fee enclosed
- ☐ If wanting certificate mailed back include a self-addressed, stamped envelope

Office Use

___ Mail

___ Pick up

___ DAVE

___ No SFN

Order info

_____ **Today's date** _____ ***# of copies requested** _____ **Purpose of request** _____ ***Amount enclosed**

Payment method (circle one)
Cash
Check/MO
Debit/Credit card

***If copies are to be used for government claims, please circle each type of claim: Social Security VA**

Death Certificate info

☐ **F**
☐ **M**

_____
***Date of death** **Name on certificate:** ***First** **Middle** ***Last** **Sex**

_____
Place of Death: ***State** **City** **County** **Funeral Home**

_____
***Date of birth** **Social Security Number**

Person Requesting

_____ _____ _____
***Applicant's name - printed** ***Applicant's signature** ***Signature date**

_____
Mailing address: ***Street** ***Apt#** ***City** ***State** ***Zip**

___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ _____
***Daytime telephone number** **Email address**

***Your relationship to person on certificate – circle one (proof of relationship documents must be provided)**
Parent Spouse Child Sibling Grandparent Other _____

Debit/Credit card info

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ __ __ / __ __ __ __ __ __ __ __ __ __
*Card number *Expiration date *CVV *Billing zip code

*Must attach copy of credit card holder's valid government photo ID with signature

_____ _____
*Printed name of card holder *Signature of card holder

*Initial box if you agree to processing fee $1.50 or 2.39% of total. ☐

Notary

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 acknowledge that he/she signed the above document.

Affix Seal/Stamp Here

Notary Signature _____ My Commission Expires _____