



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.

<p>Address: 700 West Beale Street Kingman, AZ 86401</p> <p>Mailing Address: MCDPH - Vital Records PO Box 7000 Kingman, AZ 86402</p> <p>Telephone: (928) 753-0743</p> <p>Operating Hours: Monday - Thursday 8:00 a.m. - 5:00 p.m. Friday 8:00a.m - 12:00p.m.</p> <p>Please visit www.mohave.gov for questions, downloadable forms, and more (under Departments tab select Public Health, then select Vital Records)</p> <p>Fees: \$20.00 per certified copy; \$30.00 if correction made</p> <p>Accepted payment methods: cash, money order, check (make payable to MCDPH), debit/credit card (\$1.50 or 2.39% additional fee)</p>	<p style="text-align: center;">Customer Checklist</p> <p><input type="checkbox"/> Complete and sign application</p> <p><input type="checkbox"/> Clear photocopy of the front and back of your valid, signed government photo ID or have your application notarized</p> <p><input type="checkbox"/> Proof of relationship (required) enclosed (birth certificates, court orders, marriage certificate, etc)</p> <p><input type="checkbox"/> Correct fee enclosed</p> <p><input type="checkbox"/> If wanting certificate mailed back include a self-addressed, stamped envelope</p>	<p style="text-align: center;">Office Use</p> <p>___ Mail</p> <p>___ Pick up</p> <p>___ DAVE</p> <p>___ No SFN</p>
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Order info	<p>_____ Payment method (circle one)</p> <p>Today's date *# of copies requested Purpose of request Amount enclosed</p> <p style="text-align: right;">Cash</p> <p style="text-align: right;">Check/MO</p> <p>*If copies are to be used for government claims, please circle each type of claim: Social Security VA</p> <p style="text-align: right;">Debit/Credit card</p>
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Death Certificate info	<p style="text-align: right;"><input type="checkbox"/> F <input type="checkbox"/> M</p> <p>*Date of death Name on certificate: *First *Middle *Last Sex</p> <hr/> <p>Place of Death: *State City County Funeral Home</p> <hr/> <p>*Date of birth Social Security Number</p>
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Person Requesting	<p>_____ *Applicant's name - printed _____ *Applicant's signature _____ *Signature date</p> <hr/> <p>Mailing address: *Street *Apt# *City *State *Zip</p> <hr/> <p>*Daytime telephone number _____ Email address</p> <p>*Your relationship to person on certificate – circle one (proof of relationship documents must be provided)</p> <p>Parent Spouse Child Sibling Grandparent Other _____</p>
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Debit/Credit card info	<p>_____ / _____ _____ _____ _____ _____</p> <p>*Card number *Expiration date *CVV *Billing zip code <small>*Must attach copy of credit card holder's valid government photo ID with signature</small></p> <hr/> <p>*Printed name of card holder _____ *Signature of card holder</p> <p>*Initial box if you agree to processing fee \$1.50 or 2.39% of total. <input type="checkbox"/></p>
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Notary	<p>State of _____ County of _____</p> <p>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.</p> <p style="text-align: right;">Affix Seal/Stamp Here</p> <p>Notary Signature _____ My Commission Expires _____</p>
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