



Maricopa County Department of Public Health
Request for Certified Copy of Certificate of Birth Resulting in Stillbirth
Fetal Death Certificate – In Person Application



WARNING: False Application for a Fetal Death Certificate is a Punishable Offense
A VALID GOVERNMENT PHOTO ID IS REQUIRED

Today's Date:	Request for Certified Copy of: <input type="checkbox"/> Fetal Death <input type="checkbox"/> Certificate of Birth Resulting in Stillbirth	# Of Copies	Method of Payment	Total Amount	Fees: \$20—Per Certified Copy \$30—Per Correction/Amendment	
Name on Certificate	First Middle Last					
Date of Delivery	Place of Delivery	County			OFFICE USE ONLY	
Mother's Maiden Name	First Middle Last					
Name of Funeral Home (If Applicable)	Purpose of Request					
Your Name - Printed	Your Signature—Required					
Relationship to Person on Certificate	Daytime Telephone Number					
Mailing Address	Street	City	State	Zip Code		
GOV'T ISSUED ID (Office Use Only)						
DOCUMENTS VERIFIED (Office Use Only)						
						STATE FILE NUMBER
						REQUEST ID
					DATE ENTERED	
					DATE ISSUED	
					SERIAL NUMBER	
					SERIAL NUMBER	
					RECEIPT NUMBER	

Rev. 9/2015



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