

DEATH CERTIFICATE
PUBLIC RECORD REQUEST FORM



To: Maricopa County Recorder's Office

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The document requested contains sensitive information. The record(s) requested are to be used for what purpose?

REQUIRED APPLICANT INFORMATION:

Name: _____ **Photo ID#:** _____

Address: _____

Phone Number: _____ **Email Address:** _____

Applicant's Signature

Date

State of Arizona, County of _____
This instrument was acknowledged before me this _____ day of _____, _____
by _____.
Signature of Notary Public: _____
My Commission Expires: _____