

DEATH CERTIFICATE **PUBLIC RECORD REQUEST FORM**



To: Maricopa County Recorder's Office

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REQUIRED APPLICANT INFORMATION:

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

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

Applicant's Signature

Date

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