



# DEATH CERTIFICATE

## **PUBLIC RECORD REQUEST FORM**

**To: Graham County Recorder's Office**

**Request is hereby made to reproduce the following record(s):**

(Indicate the document number(s) and/or the name on the document. Attach an 8.5" x 11" sheet if necessary.)

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

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### REQUIRED APPLICANT INFORMATION

Name: \_\_\_\_\_ Photo ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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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: \_\_\_\_\_