

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

Representing ☐ Self, without a Lawyer or ☐ Attorney for Petitioner

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

In the Matter of:

Case Number: _____

PETITION FOR COURT ORDER TO
OBTAIN COPY OF DEATH CERTIFICATE

Name of Decedent / Deceased

I state the following under penalty of perjury:

1. Information about Decedent / Deceased (person who died)

Name on death record: _____

Date of Birth: _____

Date of Death: _____

Gender: _____

City where died: _____ County where died: _____

Place of death: _____

State File Number (if known): _____

2. Information about Petitioner

Name: _____

Address: _____

City State, Zip Code: _____

Phone Number: _____

Email Address: _____

3. I am requesting a court order to obtain a copy of the death certificate of Decedent / Deceased.

4. ☐ Venue is proper because the deceased died in Maricopa County, Arizona. (This statement must be true to file in this court.)

5. Did the deceased have a will? ☐ No ☐ Yes ☐ Unknown

If yes, has the will has been admitted to probate by a court? ☐ No ☐ Yes ☐ Unknown

If yes, provide the following information:

Name of court: _____

County: _____ State: _____

6. Petitioner's relationship to the deceased (explain how you are related to or your connection to the deceased):

7. I need a copy of the death certificate because:

8. The following are surviving relatives of the deceased:
(List spouse, all living parents and all living adult children. If none of these, list all living adult siblings.)

☐ Spouse. Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____

☐ Adult Child. Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____

☐ Parent. Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____

☐ Other: _____ (relationship) Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____

☐ Other: _____ (relationship) Name: _____

Address: _____

City, State Zip: _____

Case No. _____

Phone Number: _____

☐ Additional relatives are listed in the attached page(s) and incorporated by reference.

I swear or affirm under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.

Date Signed

Petitioner's Signature