

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Phone: _____ / _____
Represented by SELF (No Attorney) OR Attorney
If Attorney, Bar No.: _____ Atty. Phone: _____

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

(2) In the Matter of _____ Case No. _____

**PETITION FOR ORDER TO
ESTABLISH DELAYED BIRTH
CERTIFICATE A.R.S. § 36-333**

(Name of person for whom birth certificate is requested)

(3) I petition the Court on my own behalf, or as parent or legal guardian, to issue an Order to the State Registrar (Office of Vital Records) to establish a (delayed) birth certificate for the person named below,

(4) First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: Month _____ Date _____ Year _____

Place of Birth: _____, ARIZONA

City (if applicable) / County

(5) STATEMENTS TO THE COURT: ALL of the following are true statements:

- The person for whom the delayed birth certificate is requested was born in the state of Arizona.
- The person's birth is not registered in another state or country.
- No record of the person's birth can be found in this State's Vital Records.
- Despite diligent efforts, the Petitioner was unable to obtain the information and evidentiary documents required for the creation and registration of a delayed birth certificate.
- The State Registrar has refused to create and register a delayed birth certificate and the letter of denial received from the State Office of Vital Records is filed with this petition.

(6) OATH OR AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct.

Signature _____ Date _____

Sworn to or Affirmed before me this date: _____

Seal/My Commission Expires

Deputy Clerk of Court or Notary Public