

Birth Certificate Application

Requestor please include the following for processing:

Completed application

Required ID

(see below or visit our website for additional options)

Payment

Tangible interest documents

(if applicable)

Requestor Information

Print name of person making request:		Daytime Phone:	
Mailing Address:		City	State Zip
Your relationship to person named on certificate (Proof needed if your name is not listed on certificate) :			
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other _____			
Reason for Request (Choose one option) :			
<input type="checkbox"/> Newborn <input type="checkbox"/> Travel/Passport <input type="checkbox"/> Records <input type="checkbox"/> School <input type="checkbox"/> Insurance <input type="checkbox"/> Social Services <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Other: _____			

Registrant Information

Full Name at Birth	First		Middle		Last
Date of Birth	Month	Day	Year	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Is this Person Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: ____/____/____ State where Death Occurred: _____ (Please provide certified copy of death certificate)
Place of Birth	City		County		State COLORADO ONLY
Full Name of Mother or Parent A	First		Middle		LAST NAME PRIOR TO FIRST MARRIAGE
Full Name of Father or Parent B	First		Middle		LAST NAME PRIOR TO FIRST MARRIAGE

Pursuant to Colorado Revised Statutes, 1982, 25-2-118 and as defined by Colorado Board of Health Rules and Regulations, applicant must have a **direct and tangible** interest in the record requested. The penalties for obtaining a record under false pretenses include a fine of not more than \$1,000.00 or imprisonment in the county jail for not more than one year or both such fine and imprisonment (CRS 25-2-118)

By **signing in this box**, I have read and understood that there are penalties for obtaining a record under false pretenses.

Today's Date


**SIGN
HERE**
Primary ID Listing (at least one) or visit our website for additional ID options

- Alien Registration Receipt or Permanent Resident Card (INS I-151 or I-551)
- Certificate of US Citizenship (N-560 or N-561)
- City of Denver/Denver County/Pueblo County Jail Temporary Inmate ID
- CO Department of Corrections ID Card
- CO Department of Human Services Youth Corrections ID
- CO Temporary Driver's License/State ID (within 30 days)
- Employment Authorization Card (I-766)
- Foreign Passport
- Government Work ID (US)
- Job Corps ID Card

- International Driving License or Photo ID Card (Issued by Country)
- Photo Driver License/ID card (DMV - US)
- School, University, or College ID Card (US - Current school year)
- Temporary Resident Card (I-688, I-688A, or I-688B)
- US B1/B2 Visa Card PLUS I-94
- US Certificate of Naturalization (N-550 or N-570 w/Photo)
- US Citizenship ID Card (I-197)
- US Merchant Mariner Card (w/Photo)
- US Military ID Card
- US Passport Book/Card

*** For payment by email, fax, or mail, enter card information below or make checks/money orders payable to Douglas County Health Department***

 Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Cardholder name: _____

Cardholder Signature: _____

Card Number: _____

Expiration Date: ____/____/____ CVV: ____

Order Quantity

Number of certificates _____

 Cost of first certificate \$ 20.00

 Additional certificate(s) \$13 ea. \$ _____
 (issued on the same day)

 USPS \$20.00 - 2 business day delivery \$ _____
 (optional)

Total charges \$ _____