



**Office of Vital Records**

http://www.tchd.org  
 Email: vitalrecords@tchd.org  
 Tel: (720) 200-1401

410 S. Wilcox Street, Castle Rock, CO 80104  
 4201 E. 72nd Ave, Unit D, Commerce City, CO 80022  
 6162 S. Willow Drive, Suite 100, Greenwood Village, CO 80111

Staff Use Only:	V-11 01/18
DCN:	_____
Staff:	Date: _____

## Application for Certified Copy of Birth Certificate

### Requestor Information

Information about the person requesting the birth certificate – please print.

Print name of person making request:	Daytime Phone:
Mailing Address:	
Physical Address:	City State Zip
<input type="checkbox"/> If same as above	
Your relationship to person named on certificate ( <i>Proof needed if your name is not listed on certificate</i> ):	
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <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:	
<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

Information about the person whose birth certificate is being requested – please print.

<b>Full Name at Birth</b>	First	Middle	Last
<b>Date of Birth</b>	Month	Day	Year
			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
	<b>Is this Person Deceased?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: ____/____/____ State where Death Occurred: _____ (Please provide certified copy of death certificate)		
<b>Place of Birth</b>	City	County	State
	<b>Colorado ONLY</b>		
<b>Full "MAIDEN" Name of Mother</b>	First	Middle	<b>Maiden Last Name (name prior to first marriage)</b>
<b>Full Name of Father</b>	First	Middle	Last

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)

<b>By signing in this box, I have read and understood that there are penalties for obtaining a record under false pretenses.</b> X	Today's Date
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Primary ID Listing (at least one) or visit our website for additional ID options	
<ul style="list-style-type: none"> <li>• Alien Registration Receipt or Permanent Resident Card (INS I-151 or I-551)</li> <li>• Certificate of US Citizenship (N-560-561)</li> <li>• City of Denver/Denver County Jail Temporary Inmate ID</li> <li>• CO Department of Corrections ID Card</li> <li>• CO Temporary Driver's License / State ID</li> <li>• Department of Human Services Youth Corrections ID</li> <li>• Employment Authorization Card (I-766)</li> <li>• Foreign Passport</li> <li>• Government Work ID</li> </ul>	<ul style="list-style-type: none"> <li>• Job Corps ID Card</li> <li>• Photo Driver License</li> <li>• Photo ID card (DMV)</li> <li>• School, University, or College ID Card (current school year)</li> <li>• Temporary Resident Card (I-688, I-688A, or I-688B)</li> <li>• US B1/B2 Visa Card <b>PLUS</b> I-94</li> <li>• US Certificate of Naturalization N-550/570</li> <li>• US Citizenship ID Card (I-197)</li> <li>• US Military Identification Card</li> <li>• US Passport</li> </ul>
<b>*For payment by fax or mail, enter card info below or make checks/money orders payable to TCHD*</b>	
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder name:	_____
Cardholder Signature:	_____
Card Number:	_____
Expiration Date:	____/____/____

<u>Customer Order</u>	
Number of certified copies	_____
Cost of first certificate	\$ <u>17.75</u>
Additional certificate(s) \$10.00	\$ _____
(of same record ordered at same time)	
FedEx \$25.00 – 2 day (optional)	\$ _____
<b>Total charges</b>	<b>\$ _____</b>