



<http://www.tchd.org>

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Office of Vital Records

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6162 S. Willow Drive, Suite 100, Greenwood Village, CO 80111

Staff Use Only:	V-06/2018
DCN:	_____
Staff: _____	Date: _____

Birth Certificate Application


Requestor Information

Print name of person making request:	Daytime Phone:
Mailing Address: _____	City _____ State _____ Zip _____
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 (<i>Choose one option</i>):	
<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: _____ <i>(Please provide certified copy of death certificate)</i>
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
	

Primary ID Listing (at least one) or visit our website for additional ID options		<h2><u>Order Quantity</u></h2> <p>Number of certificates _____</p> <p>Cost of first certificate \$ <u>20.00</u></p> <p>Additional certificate(s) \$13 ea. \$ _____ (issued on the same day)</p> <p>FedEx \$25.00 – 2 day (optional) \$ _____</p> <p>Total charges \$ _____</p>
<ul style="list-style-type: none"> • Alien Registration Receipt or Permanent Resident Card (INS I-151 or I-551) • Certificate of US Citizenship (N-560-561) • City of Denver/Denver County Jail Temporary Inmate ID • CO Department of Corrections ID Card • CO Temporary Driver's License / State ID • Department of Human Services Youth Corrections ID • Employment Authorization Card (I-766) • Foreign Passport • Government Work ID 	<ul style="list-style-type: none"> • Job Corps ID Card • Photo Driver License • Photo ID card (DMV) • School, University, or College ID Card (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-550/570 • US Citizenship ID Card (I-197) • US Military Identification Card • US Passport 	
For payment by email, fax or mail, enter card info below or make checks/money orders payable to TCHD		
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: ____/____		