



http://www.tchd.org

Email: vitalrecords@tchd.org

Tel: (720) 200-1401

Office of Vital Records

410 S. Wilcox Street, Castle Rock, CO 80104
4201 E. 72nd Avenue, Suite D, Commerce City, CO 80022
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
	<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: ____/____ CVV: ____		