



COLORADO
Department of Public
Health & Environment

Office of the State Registrar of Vital Statistics

Appeals Form

Please remember to attach the original application to this document when submitting an appeal. The completion and submission of this form does not guarantee issuance of a vital record certificate to the applicant. The State Registrar's decision will be based upon review of the submitted documentation and the circumstances provided by the applicant.

To Be Completed by Applicant

Applicant's Name: _____

Applicant's Daytime Phone Number: (____) _____

Applicant's Email Address: _____

Applicant: Please provide a detailed explanation regarding the circumstances of your appeal and attach any identifying documents you would like to use for consideration of your appeal. The State Registrar will review your documents and the decision to issue the requested vital event certificate will be made based upon the documents provided by you.

To Be Completed by State/Local Registrar's Office

Date of State/Local Deputy Registrar's Decision: _____ Office: _____

Reason for Decision:

Signature of State/Local Deputy Registrar: _____

Printed Name of Registrar: _____ Phone#(____) _____

To Be Completed by State Office

Date Received: _____ Decision Date: _____

Decision: _____