



MAIL TO: Tri-County Health Department
 Office of Vital Records
 7000 E. Belleview Ave. Suite 301
 Greenwood Village, CO 80111-1628
 303-220-9200

Orders cannot be processed without a valid ID and a signature. Please return this application with a photocopy of your driver's license, state ID or passport

Application for Certified Copy of Birth Certificate

Colorado has birth records for the entire state since 1905.

Requestor Information – please print.

Print name of person making request:			Reason for certificate		
Mailing Address:	City	State	Zip	Daytime Phone ()	
Physical Address:	City	State	Zip	Alternate Phone Number ()	
Your Relationship to Person named on certificate (<i>Proof needed if not listed on certificate</i>):					
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. X			Today's Date	Drivers License #	State of License
					Expiration Date

Registrant Information

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

Full Name at Birth	First		Middle		Last
	Month	Day	Year	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>	
Date of Birth	City		County	State Colorado Only	
	Full Name of Father		Middle	Last	
Place of Birth	First		Middle (at birth)		<u>Maiden</u> Last Name (name prior to first marriage)
	Full "MAIDEN" Name of Mother				

Ways to order:

- Apply in person for same day service. Office hours are from 8:00 a.m. to 5:00 p.m. Monday–Friday.
- Order certificate online at www.tchd.org/birthcertificates.html
- Fax your application to 303-221-2906 with a copy of your driver's license and credit card information.
- Mail in application with a copy of your ID and a check, money order, or credit card information.

Credit card orders: Card type: VISA MasterCard Discover

Cardholder name: _____

Card Number: _____ Exp. Date: ___/___/___

Check or Money Order: Make payable to Tri-County Health Department. Please do not send cash.

COMPLETE THIS AREA:

Daytime Phone Number: _____

RETURN TO:

Name _____

Address _____

City/State/Zip _____

Number of Certified copies	_____
Cost of first certificate \$17	\$ _____
Additional certificate \$10 (of same record ordered at same time)	\$ _____
Convenience charge \$6 Credit card orders only (walk-in's excluded)	\$ _____
FedEx \$17.50 (optional)	\$ _____
Total Charges	\$ _____

For more information,

call (303) 220-9200

– or –

fax # 303-221-2906

– or –

order online at www.tchd.org/birthcertificates.html

FORM MUST BE COMPLETE – TOP AND BOTTOM