



Tri-County Health Department
Office of Vital Records
6162 S. Willow Drive, Suite 100
Greenwood Village, CO 80111-5114
303-220-9200

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

MAIL TO:

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:			Purpose for Certificate:		
Mailing Address:		City	State	Zip	Daytime Phone: ()
Physical Address:		City	State	Zip	
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 <u>signing in this box</u> , I have read and understood that there are penalties for obtaining a record under false pretenses.					Today's Date
X					

Registrant Information

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

Full Name at Birth	First	Middle	Last
Date of Birth	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>		
Place of Birth	City	County (Not Country)	State Colorado ONLY
Full Name of Father	First	Middle	Last
Full "MAIDEN" Name of Mother	First	Middle	<u>Maiden</u> Last Name (name prior to first marriage)

Ways to order:

- **Apply in person** for same day service. Office hours are from 8:30 a.m. to 4:30 p.m. Monday–Friday.
- **Order certificate online** at www.tchd.org/birthcertificates.html or www.vitalchek.com
- **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: _____ 3 Digit code: _____

Card number: _____ Exp. Date: _____/_____/_____ Exchange fee \$10.00 (per certificate)

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

COMPLETE THIS MAILING LABEL:

Daytime phone number: _____

RETURN TO:

Name _____

Address _____

City/State/Zip _____

Number of certified copies	_____
Cost of first certificate \$17.75	\$ _____
Additional certificate \$10 (of same record ordered at same time)	\$ _____
VitalChek charge \$10 Credit card orders only (walk-in's excluded)	\$ _____
FedEx/UPS \$20.00 (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

TCHD: V-4 (10/11)