



<http://www.tchd.org>

Email: [vitalrecords@tchd.org](mailto: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

<b>Staff Use Only:</b>	V-13 05/2019
<b>DCN:</b>	_____
<b>Staff:</b>	<b>Date:</b> _____

## Birth Certificate Application

**Requestor please include the following for processing:**

Completed application	Required ID (see below or visit our website for additional options)	Payment	Tangible interest documents (if applicable)
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### 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

<b>Full Name at Birth</b>	First		Middle		Last
<b>Date of Birth</b>	Month	Day	Year	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Is this Person Deceased?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No           If yes, date: ____/____/____ State where Death Occurred: _____ <i>(Please provide certified copy of death certificate)</i>
<b>Place of Birth</b>	City		County	State <b>COLORADO ONLY</b>	
<b>Full Name of Mother or Parent A</b>	First		Middle	LAST NAME PRIOR TO FIRST MARRIAGE	
<b>Full Name of Father or Parent B</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



<b>Primary ID Listing (at least one) or visit our website for additional ID options</b> <ul style="list-style-type: none"> <li>• Alien Registration Receipt or Permanent Resident Card (INS I-151 or I-551)</li> <li>• Certificate of US Citizenship (N-560-561)</li> <li>• City of Denver/Denver County Jail Temporary Inmate ID</li> <li>• CO Department of Corrections ID Card</li> <li>• CO Temporary Driver's License / State ID</li> <li>• Department of Human Services Youth Corrections ID</li> <li>• Employment Authorization Card (I-766)</li> <li>• Foreign Passport</li> <li>• Government Work ID</li> <li>• Job Corps ID Card</li> <li>• Photo Driver License</li> <li>• Photo ID card (DMV)</li> <li>• School, University, or College ID Card (current school year)</li> <li>• Temporary Resident Card (I-688, I-688A, or I-688B)</li> <li>• US B1/B2 Visa Card <b>PLUS</b> I-94</li> <li>• US Certificate of Naturalization N-550/570</li> <li>• US Citizenship ID Card (I-197)</li> <li>• US Military Identification Card</li> <li>• US Passport</li> </ul>		<h2>Order Quantity</h2> <p><b>Number of certificates</b> _____</p> <p><b>Cost of first certificate</b> \$ <u>20.00</u></p> <p><b>Additional certificate(s) \$13 ea.</b> \$ _____ (issued on the same day)</p> <p><b>UPS \$25.00 – 2 day (optional)</b> \$ _____</p> <p><b>Total charges</b> \$ _____</p>
<p><b>*For payment by email, fax or mail, enter card info below or make checks/money orders payable to TCHD*</b></p> <p>Card Type:   <input type="checkbox"/> Visa   <input type="checkbox"/> MasterCard   <input type="checkbox"/> Discover   <input type="checkbox"/> AMEX</p> <p>Cardholder name: _____</p> <p>Cardholder Signature: _____</p> <p>Card Number: _____</p> <p>Expiration Date: ____/____/____   CVV: _____</p>		