



# Colorado Birth Certificate Request

Vital Records Section  
 101 W. 9th Street  
 Pueblo, CO 81003  
 719-583-4555  
 www.pueblohealthdept.org

ABN BC Number Issued \_\_\_\_\_  
 Past Issues \_\_\_\_\_ Invoice Number \_\_\_\_\_  
 HS Posada SPU Staff Other

## Requestor Information

Print name of person making request:	First	Middle	Last	
Mailing address	City	State	Zip	Daytime Phone
Physical address	City	State	Zip	Alternate Phone Number
<b>Relationship to Registrant</b> (Person named on certificate)	<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Step-parent
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Other			<input type="checkbox"/> Brother/Sister <input type="checkbox"/> Legal Representative

Reason for request:  ID/D.License  Housing  Insurance/Medicaid  Records  School  Travel/Passport

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, or imprisonment in the county jail for not more than one year or both such fine and imprisonment.

By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses. Today's date  
**X**

**Registrant Information:** Circle Sex:  
Male or Female  
 Information about person whose birth certificate is being requested. If adopted, provide adoptive information.

Full Name at Birth	First	Middle	Last
Date of Birth	Month	Day	Year
	Is this Person Deceased? Yes _____ No _____ If Yes, must provide certified copy of death certificate		
Place of Birth	City	County	State
Full Name of Mother/ Co-Parent	First	Middle	Maiden Name
			Mother's State of Birth
			Age at Birth
Full Name of Father/ Co-Parent	First	Middle	Last
			Father's State of Birth
			Age at Birth

Make check or money order payable to Health Department. Please do not send cash through the mail. Additional funds received of \$5.00 or less will not be refunded unless requested in writing.

**Ways to Order:** Office hours are from 8:00 a.m. - 4:30 p.m. Monday - Friday.  
 Apply in person for **same day** service. Cash, checks and money orders accepted.  
 Mail in request, certificate will be mailed within **three-four business days.**  
 Genealogy request will be mailed within **two weeks.**  
**Charges:** \$17.75 for first copy (or search of files when no record is found).  
 Effective 7-1-08 \$10.00 for each additional copy ordered at the same time, for the same certificate.  
**7-1-08 Credit card orders accepted by ordering online at www.vitalchek.com**

Office Use Only!			
1st Copy	2nd /Replacement	Total Copies	
_____	_____	_____	
Cert _____	SPU _____	Total _____	
ID Copied _____	Issued By _____	_____	
	staff initials	staff initials	
SF # _____			
\$ _____	\$ _____	\$ _____	\$ _____
Cash/Ck#	Check	CC	Total

**(Proof of Relationship)**

Birth Name of Person Related to: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Maiden Name \_\_\_\_\_

SF # \_\_\_\_\_

**(Proof of Relationship)**

Birth Name of Person Related to: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Maiden Name \_\_\_\_\_

SF # \_\_\_\_\_

**(Right to the Record)** Birth, death and fetal death certificates are **confidential** in the State of Colorado. These records are not public records and, therefore, are not subject to the Freedom of Information Act.

The **registrant** (person named on certificate). Current **spouse**. Marriage certificate is required – or for common law marriage a notarized affidavit of common law marriage, joint income tax returns, or insurance policies can be accepted. (In the case of common-law marriage, the document must clearly state: husband and wife.) **Ex-spouse**. Must present proof of direct and tangible interest. Marriage certificate is not acceptable (i.e. insurance policy, letter from SSA). **Parent/Co-parent**. Must be listed on birth certificate. **Stepparent**. Marriage certificate to a parent listed on birth certificate is required. **Legal guardian**. Original, certified court order proving custody is required. **Grandparents/Great grandparents**. Birth certificate(s) proving relationship required. Paternal grandparents if father listed. **Siblings/Half siblings**. Birth certificate proving at least one same parent required. **Children/Grandchildren/Great grandchildren**. Birth certificate(s) proving relationship is required. **Legal representative/Paralegals**. Proof of client relationship required, as well as proof of the client's relationship to the registrant. **Consular Corps/Consulate offices**. Must present appropriate credentials verifying association with the consulate. **Adoption Agencies**. Certified court orders proving custody is required. (May also accept notarized "Special Power of Attorney" document signed by mother and father, if listed). **Genealogists**. Notarized signed release from immediate family member required as well as proof of the family member's relationship. Certificate marked "For Genealogical Use Only". **In-laws/aunts/uncles/nephews/nieces/cousins**. Only eligible for birth records of deceased relatives that are over 50 years old and must present a copy of the registrant's death certificate. **Recruiters**. Birth certificate can only be issued upon a signed release from inductee or they can have a DD372 (birth verification) completed. **Governmental agencies** (SSA, Human Services, etc.) No additional document needed – fee may apply.

**Identification and Proof of Relationship is Required, such as a birth certificate or marriage certificate. If you cannot provide acceptable identification, it is suggested that you ask a spouse, parent, grandparent, sibling, or adult child, who can provide Identification and Proof of Relationship to request certificate. (List Updated 01-14-2016)**

**At least 1 of the following:**

**All documents presented must be current and valid. Expired documents drop to the Secondary Listing. Documents that do not contain either an issue or an expiration date will not be considered acceptable.**

Alien Registration Receipt/Permanent Resident Card	Photo Driver's License
Certificate of U.S. Citizenship	Photo ID Card (DMV)
City of Denver/Denver County Jail Temporary Inmate ID	School, University or College ID Card
CO Department of Corrections ID Card	Temporary Resident Card
CO Temp. Driver's License (State ID) Renewal + expired Lic)	US B1/B2 Visa Card with I-94
Department of Human Services Youth Corrections ID	US Certificate of Naturalization
Employment Authorization Card (INS Form I-766)	US Citizenship ID Card (I-197)
Foreign Passport	US Military ID Card
Government Work ID	US Passport
Job Corps ID Card	

**Or at least 2 of the following:**

**(Any document expired more than six months will not be accepted).**

Acknowledgement of Paternity (CO only)	Merchant Mariner Card (Issued by US Coast Guard)
Birth certificate of Applicant (US local, state, territorial or federal)	Mexican Voter Registration Card (Mexican Federal Gov)
Court order for adoption or name change	Motor Vehicle Registration/Title (US State or territory)
CO Temporary Driver's License Renewal Form (Expires 30 days from issuance)	Pilot License (Issued by FAA)
Craft or trade license (Issued by DORA)	Property Tax Receipt (within past year)
DD-214 (US Military separation document)	Selective Service Card (US Selective Service)
Divorce Decree (US court only)	Social Security Card (Social Security Administration)
Hospital birth worksheet (within 6 months)	State/territorial or federal prison or correction card
Hunting/Fishing License (CO Department of Wildlife)	Tribal ID Card (Fed recognized Native American tribe)
IRS-TIN card or letter	Weapon or Gun Permit (US only)
Marriage license/Civil Union license (US State or territory)	Work ID, Paycheck Stub, Pay Statement (3 mos), or W-2 (last tax year)
Medicare Card (Issued by US Social Security Administration)	

**\*\*\*OPTION AVAILABLE FOR ADOPTIONS\*\*\***

Only an adoptive parent or adopted person is eligible for this special service. This service can only be completed by the state office.

Number of copies with "Issued Pursuant to Adoption" requested: \_\_\_\_\_ Signature of: \_\_\_\_\_  
(Relationship to registrant: check one)  adopted person  adopted parent

**Colorado Department of Health and Environment, Vital Records Section**  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530  
Telephone 1-303-692-2200, [www.cdphe.state.co.us](http://www.cdphe.state.co.us)

Birth Application & Picture Id Revision Final 08-23-2016