



http://www.tchd.org

Email:vitalrecords@tchd.org

Tel:(720) 200-1401

Tri-County Health Department

Office of Vital Records
6162 S. Willow Drive, Suite 100
Greenwood Village, CO 80111

Office of Vital Records
4201 E. 72nd Ave., Suite D
Commerce City, CO 80022

Staff Use Only: V-10 03/17
DCN:
Staff: Date:

Application for Certified Copy of Birth Certificate

Requestor Information

Information about the person requesting the birth certificate - please print.

Form with fields: Print name of person making request, Daytime Phone, Mailing Address, Physical Address, City, State, Zip, Your relationship to person named on certificate, Reason for Request.

Registrant Information

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

Form with fields: Full Name at Birth, Date of Birth, Place of Birth, Full MAIDEN Name of Mother, Full Name of Father.

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.

By signing in this box, I have read and understood that there are penalties for obtaining a record under false pretenses. Today's Date

Primary ID Listing (at least one) or visit our website for additional ID options. Includes list of IDs and payment information fields.

Customer Order section with fields for Number of certified copies, Cost of first certificate, Additional certificate(s), FedEx, and Total charges.