



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 request		
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	State Colorado	
Full Name of Father	First		Middle		Last
Full "MAIDEN" Name of Mother	First		Middle		Maiden Last Name (name prior to first marriage)

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 \$17.75	\$ _____
Additional certificate \$10 (of same record ordered at same time)	\$ _____
Convenience charge \$9 Credit card orders only (walk-in's excluded)	\$ _____
FedEx \$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