



<http://www.tchd.org>

Email: vitalrecords@tchd.org

Tel: (720) 200-1401

Office of Vital Records

7190 Colorado Blvd., Suite 170, Commerce City, CO 80022
6162 S. Willow Drive, Suite 100, Greenwood Village, CO 80111

| | |
|------------------------|-------------|
| Staff Use Only: | v. 05/2022 |
| DCN: _____ | |
| Staff: _____ | Date: _____ |

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) |
|-----------------------|--|---------|--|

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

| | | | | | | |
|--|-------|-----|----------------------------------|---|---|--------|
| Full Name at Birth | First | | Middle | | Last | Suffix |
| Date of Birth | Month | Day | Year | Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | 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 ONLY | |
| Full Name of Mother or Parent A | First | | Middle (Prior to First Marriage) | | Last (Prior to First Marriage) | Suffix |
| Full Name of Father or Parent B | First | | Middle (Prior to First Marriage) | | Last (Prior to First Marriage) | Suffix |

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

SIGN HERE

Primary ID Listing (at least one) or visit our website for additional ID options

- Alien Registration Receipt or Permanent Resident Card (INS I-151 or I-551)
- Certificate of US Citizenship (N-560 or N-561)
- City of Denver/Denver County/Pueblo County Jail Temporary Inmate ID
- CO Department of Corrections ID Card
- CO Department of Human Services Youth Corrections ID
- CO Temporary Driver's License/State ID (within 30 days)
- Employment Authorization Card (I-766)
- Foreign Passport
- Government Work ID (US)
- Job Corps ID Card
- International Driving License or Photo ID Card (Issued by Country)
- Photo Driver License/ID card (DMV - US)
- School, University, or College ID Card (US - Current school year)
- Temporary Resident Card (I-688, I-688A, or I-688B)
- US B1/B2 Visa Card PLUS I-94
- US Certificate of Naturalization (N-550 or N-570 w/Photo)
- US Citizenship ID Card (I-197)
- US Merchant Mariner Card (w/Photo)
- US Military ID Card
- US Passport Book/Card

For payment by email, fax or mail, enter card info below or make checks/money orders payable to TCHD

Card Type: Visa MasterCard Discover AMEX

Cardholder name: _____

Cardholder Signature: _____

Card Number: _____

Expiration Date: ____/____/____ CVV: _____

Order Quantity

Number of certificates _____

Cost of first certificate **\$ 20.00**

Additional certificate(s) \$13 ea. \$ _____
(issued on the same day)

UPS \$25.00 - 2 business day delivery \$ _____
(optional)

Total charges \$ _____