



# Application for Certified Colorado Birth Certificate

**This request must be completed in full. Please type or print clearly.**

## Larimer County Vital Records:

1525 Blue Spruce Drive  
Fort Collins, CO 80524  
Office #: 970-498-6710  
Fax #: 970-498-6715

## Office Hours:

Monday-Friday 8am to 4:15pm  
(Closed daily from 12pm-1pm)

**No walk ins available. Please call to schedule an in-person appointment.**

## Requirements for Application:

- Enclose a copy of a current Driver's License, Passport, or State Identification (Refer to ID requirements)
- Enclose appropriate fees
- Person requesting to receive a birth certificate must sign below
- Proof of Relationship is required (**Parents and Registrant excluded**)
- Enclose a copy of death certificate if person is deceased

## Your Information & Shipping Address (Please Fill Out):

First Name:

Last Name:

Phone number:

Your relationship to the person named on certificate:

Email:

Reason for Request:

Mailing Address: Street: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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 (CRS 25-2-118).

By signing below, I have read and understood that there are penalties for obtaining a record under false pretenses.

Sign Here: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Office Use ONLY:

Date: \_\_\_\_\_ # of Copies: \_\_\_\_\_ SPU FEE: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Payment TOTAL: \_\_\_\_\_ DCN #: \_\_\_\_\_ Initials: \_\_\_\_\_

**Registrant Information (Person listed on the Birth Certificate):**

<b>First Name:</b>			<b>Middle Name:</b>			<b>Last Name:</b>					
<b>Sex:</b>		<b>Date of Birth (MM/DD/YYYY):</b>			Is this person deceased? *If yes, you must provide a copy of the death certificate.						
<input type="checkbox"/> Male <input type="checkbox"/> Female		_____ <b>City of Birth:</b> _____									
<b>Mother / Parent A</b>			First Name:			Middle Name:			Last Name Prior to First Marriage:		
<b>Father / Parent B</b>			First Name:			Middle Name:			Last Name Prior to First Marriage:		

**Fees (Make Checks or Money Orders payable to LCDHE):**

- \$20.00 for one Birth Certificate \$ \_\_\_\_\_
- \$13.00 for each additional certificate of the same record ordered at the same time \$ \_\_\_\_\_

**Please select your shipping method:**

- Regular Mail (\$0.00) \*\* We cannot guarantee USPS Mail \$ \_\_\_\_\_
  - Fed-Ex Shipping (\$20.00) \*\* Within the continental US \$ \_\_\_\_\_
  - Fed-Ex Shipping delivery to AK/HI/Puerto Rico & Other Countries (Fees Vary) \$ \_\_\_\_\_
- \*\*\*MUST PAY with Credit Card\*\*\*

**Total Charges** ..... \$ \_\_\_\_\_

**Credit Card Orders:**

Card Type:  Visa  Discover  MasterCard  American Express

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Proof of Relationship:**

If your name is not listed on the birth certificate, **proof of relationship** is required before the birth certificate will be issued (for example: marriage certificate, birth certificate, certified court orders).

- Certified Birth certificates may be issued to:
  - The Registrant (person named on certificate)
  - Spouse
  - Grandparents
  - Legal guardian
  - Parents
  - Grandchild
  - Siblings
  - Adult Children

**Legal Representative of any of the above must present proof of client relationship**