

## Colorado Birth Certificate Request

**San Juan Basin Public Health**  
**281 Sawyer Drive Durango, CO 81303 970.247.5702 EXT. 1**  
**502 S. 8<sup>th</sup> St. Pagosa Springs, CO 81147 970.264.2409**

COPIES REQUESTED		STAFF ONLY		
1 <sup>st</sup> certificate	*\$17.75	Application Accepted by	Initials	Date
Additional certificates	\$10.00	Certificate Printed by	Initials	Date
<b>TOTAL</b>	<b>NON-REFUNDABLE</b>	Certificate Released by	Initials	Date
Payment Type	Cash Credit Check	DCN Number(s)		

REGISTRANT INFORMATION: Information about person whose birth certificate is being requested- Please type or print. *If adopted, provide adoptive information and see special service on other side.				
Full Name at Birth <b>Print legibly</b> <small>name of person on birth certificate</small>	First	Middle	Last	
Date of Birth	Month      Day      Year	<b>Is this Person Deceased?</b> <input type="radio"/> Yes <input type="radio"/> No <small>If yes, must provide a copy of the death certificate</small>		
Place of Birth	City	County <input type="radio"/> La Plata <input type="radio"/> Archuleta Other _____	State <b>COLORADO ONLY</b>	
Full Name of Father	First	Middle	Last	
Full Name of Mother	First	Middle	<b>Maiden Name</b>	
REQUESTOR INFORMATION: Information about person requesting a birth certificate. Please type or print.				
<b>Print name of person making request</b>	First	Last	Required ID Type#\Expiration	
Mailing Address	Apt #	City	State	Zip
Phone Number	Email Address			
Relationship to Registrant (person named on certificate) <small>*see reverse side</small>	<input type="radio"/> Self <input type="radio"/> Parent <input type="radio"/> Grandparent <input type="radio"/> Step-parent <input type="radio"/> Sibling <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Step-child <input type="radio"/> Legal Guardian <input type="radio"/> Legal Representative <input type="radio"/> Other: _____			
<b>Reason for Request:</b> <input type="radio"/> Newborn <input type="radio"/> Record <input type="radio"/> Travel/Passport <input type="radio"/> School <input type="radio"/> Insurance <input type="radio"/> Other: _____ (CHOOSE ONE ONLY)				
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).				
<b>By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses.</b> <b>Sign Here:</b>			Today's date	
Circle One: Please note we cannot fax Birth Certificates under any circumstances <input type="radio"/> Pick Up <input type="radio"/> Mail <input type="radio"/> Staff only: Date Mailed:				

**\*If a search is conducted and the record is not located in the Colorado office of Vital Records, the search fee is \$17.75 non-refundable. All incorrectly submitted applications will be destroyed after 6 months.**

## VITAL STATISTICS INFORMATION AND HOURS

Applications are accepted Monday through Friday from 8:00 am to 4:00 pm

Certificates are available for pick up the next business day at 10:00 am

Mailed in applications will be processed 2 weeks upon receipt of required documents

### Certified birth certificates may be issued to:

Please note that proof of relationship is required if your name is not listed on the birth certificate: (e.g. marriage certificates, birth certificates, court orders)

The registrant (person named on the certificate)    Parents    Grandparents    Great Grandparents  
Grandchild    Stepparents    Siblings    Spouse    Adult Children    Legal Guardian

Legal representatives of any of the above must present proof of client relationship.

### The Office of the State Registrar of Vital Statistics requires the following documentation:

At least 1 of the following (no expired documents accepted):

#### Primary List

Alien Registration Receipt/Permanent Resident Card  
Certificate of US Citizenship  
City of Denver County Jail Inmate ID  
Colorado Department of Corrections ID card  
CO Temporary Driver's License (with hole punched Driver's License)  
Department of Human Services Youth Corrections ID  
Employment Authorization Card (I-766)  
Foreign Passport  
Government Work ID  
Job Corps ID  
Photo Driver's License  
Photo ID Card (DMV)  
School, University, or College ID Card (must be current)  
Temporary Resident Card  
US B1/B2 Visa card with I-94  
US Certificate of Naturalization  
US Citizenship ID Card (I-97)  
US Military ID Card  
US Retired Military ID Card (Blue Military ID's)  
US Passport

Or at least 2 of the following (any document expired more than six months will not be accepted):

#### Secondary List

Acknowledgment of Paternity document (Colorado only)  
Birth Certificate of Applicant (US only)  
Court order of adoption or name change  
Craft or trade license (Colorado only)  
DD-214  
Divorce Decree (US only)  
Hospital birth worksheet (ID for mothers –within 6 months of event)  
Hunting or Fishing License (must be current- Colorado only)  
IRS-TIN card  
Marriage license  
Medicare Card  
Merchant mariner card  
Mexican voter registration card  
Motor vehicle registration or title (must be current-US only)  
Pilot license  
Selective Service Card (US only)  
Social Security Card  
State or Federal Prison or Corrections Card  
Colorado Gaming License  
Weapon or Gun Permit (US only)  
Work ID, Paycheck Stub (within 3 months), or W-2 (last tax year)  
Any expired document from the "Primary" List (cannot be expired more than 6 months)

### We are sorry, but we cannot accept:

\*Matricula Consular Card    \*Novelty ID Card    \*Non-expiring ID Cards    \* Medicaid Cards    \* City or County Prison/Jail ID  
\* Souvenir Birth Certificates    \* Temporary Driver's License or Temporary State ID Card

If you cannot provide acceptable identification, it is suggested that you ask a spouse, parent, grandparent, sibling, or adult child, who can provide appropriate identification, to request the certificate. Proof of relationship is required, such as a birth certificate or marriage certificate.

**FOR ADOPTIONS:** Only an adoptive parent or adopted person is eligible for this special service. Only sign below if you wish the statement "ISSUED PURSUANT TO ADOPTION" to appear on the birth certificate which indicates this person is adopted.

Sign Here: \_\_\_\_\_     Adopted person     Adoptive parent