



Application for Certified Colorado Birth Certificate

This request must be completed in full. Please print clearly.

Larimer County Vital Records:

1525 Blue Spruce Drive
Fort Collins, CO 80524
Office #: 970-498-6710
www.larimer.gov/vitalstatistics

Office Hours:

Monday-Friday 8:00am to 4:15pm
(Closed daily from 12pm–12:30pm)
**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: _____	
<input type="checkbox"/> Check here if you would like to include the Colorado 150 logo, commemorating the 150 th anniversary of Colorado's statehood, onto your certified birth certificate.	

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):			
First Name:		Middle Name:	Last Name:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY): <hr/> City of Birth: <hr/>	Is this person deceased? *If yes, you must provide a copy of the death certificate. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother / Parent A	First Name:	Middle Name:	Last Name Prior to First Marriage:
Father / Parent B	First Name:	Middle Name:	Last Name Prior to First Marriage:

Fees: Make Checks or Money Orders payable to LCDHE:

- **\$25.00** for one Birth Certificate \$ _____
- **\$20.00** for each additional certificate of the same record ordered at the same time \$ _____
- Fees are non-refundable

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
 - Parents
 - Adult Children
 - Legal guardian
 - Siblings
- **Legal Representative of any of the above must present proof of client relationship**