



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
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):

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

- **\$20.00** for one Birth Certificate \$ _____
- **\$13.00** 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