

DENVER HEALTH

Denver Vital Records
605 Bannock St. Room 302
Denver, Colorado 80204-4507
303- 602-3660

www.denverhealth.org/vitalrecords

Application for Certified Copy of Birth Certificate

Denver County Vital Records has birth records for the entire state since 1907.

Information about person whose birth certificate is requested — *please type or print. IF ADOPTED*, provide adoptive information.

Full name at birth	First		Middle		Last (s)	
Date of birth	Month	Day	Year	Is this person deceased? If yes, date: ___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>	State where death occurred: _____ Please provide copy of death certificate
Place of birth	City			County		
Full name of father	First		Middle		Last (s)	
Maiden name of mother:	First		Middle		Maiden (s)	
Certificate needed for						

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 below, I have read and understood that there are penalties for obtaining a record under false pretenses. Effective 7/1/2003, all requests must be accompanied by a copy of the requestor's identification before processing. Please return your request with a copy of your driver's license, state ID or passport. See reverse side for additional accepted documents.

Signature of person making request	Relationship to registrant*	Driver's License #	State of License	Expiration Date
Address City		State	Zip	Daytime Phone ()

- Ways to order:**
- **Apply in person** for same day service. Office hours are from 8:00 a.m. to 4:00 p.m., Monday-Friday.
 - **Order certificates online*** at www.VitalChek.com. Certificates mailed within 2 to 5 days business days via regular mail, UPS 1 to 2 business days.
 - **Fax your application** with credit card information**: fax 303-602-3665
 - **Mail in application** with check, money order, or credit card information **. Certificate (s) mailed within 3 to 4 weeks via regular mail. *

* Convenience charge to be added. See charges below.

Credit card orders:

Card Type: VISA MasterCard Discover

Cardholder name: _____

Card Number: _____ Exp Date _____

Total copies ordered..... _____

Make check or money order payable to Vital Records Section. Please do not send cash.

PLEASE COMPLETE THIS AREA

PRINT name and address of person making request:

Name

Address

City/State/Zip

****Charges**

Cost of certificates (\$17.75 for 1st copy or search when no record found); \$10 for each additional copy of same record ordered at same time) \$ _____

Convenience charge (credit card orders \$10.00) Walk in excluded \$ _____

*UPS Service with CREDIT CARD ORDERS ONLY (\$19) _____

Total Charges..... \$ _____

*Within continental U.S.