Colorado Department of Public Health and Environment

**FOR OFFICE USE ONLY:**

**ID\_\_\_\_\_\_\_\_\_\_ CASH\_\_\_\_\_\_\_\_\_\_\_**

**ISS\_\_\_\_\_\_\_\_\_ CHECK\_\_\_\_\_\_\_\_\_\_\_**

**OTHER\_\_\_\_\_\_\_\_\_\_**

Baca County Vital Records

741 Main Street Suite #2

Springfield, CO 81073

(719) 523-4262

Fax (719)523-4302

**APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE**

**Colorado has birth records for the entire state since 1910. Certified copies of certificates are also available from county offices.**

Requestor Information

|  |  |  |  |
| --- | --- | --- | --- |
| Print name of person making request First Middle Last | | Reason for request: | |
| Mailing Address City State Zip | | Daytime Phone | |
| Physical Address City State Zip | | Alt Phone Number | |
| **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)**  **PLEASE RETURN YOUR REQUEST WITH A PHOTOCOPY OF YOUR DRIVER’SLICENSE, STATE ID OR PASSPORT.** | | | |
| **By signing below, I have read and understood that there are penalties for obtaining a record under false pretenses.** | Relationship to Registrant (person named on certificate, please submit proof of relationship) | | Today’s Date |

**Registrant Information**

***Information about person whose birth certificate is being requested – please type or print***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name At Birth | First | | | | Middle | | Last |
| Date of Birth  >>>>>>>>>>>>>>>> | Month | Day | Year  \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | |  | | --- | |  |  |  | | --- | |  |   Is this Person Deceased Yes No  If Yes, Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ State Where Death Occurred \_\_\_\_\_\_\_\_\_\_\_\_  *Please provide Certified copy of Death Certificate* | | |
| Place of Birth  >>>>>>>>>>>>>>>> | City | | | County | | State  **COLORADO ONLY** | |
| Full Name of Father | First | | | Middle | | Last | |
| Full Name of Mother | First | | | Middle | | Maiden Last Name (name Prior to first marriage) | |

|  |
| --- |
| Charges:  $20.00 for 1st copy………………………………….$\_\_\_\_\_\_\_\_\_\_\_  $13.00 for each additional copy of same record  Ordered at the same time………………………$\_\_\_\_\_\_\_\_\_\_\_  TOTAL DUE……………………………………………..$\_\_\_\_\_\_\_\_\_\_\_ |

Ways to Order:

* Apply in person for same-day service. Office hours are from 8:30 a.m. to 4:30 p.m. Monday – Friday
* Mail in application with check or money order and your ID. Certificate(s) will be mailed by certified mail within three weeks.