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\_\_\_ \_\_\_ \_\_\_ \_\_\_ |

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| --- |
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|  |

Is this Person Deceased Yes NoIf 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.