

# Application for Certified Copy of Birth Certificate

## Fremont County Department of Public Health and Environment

201 N. 6th Street Canon City, Colorado 81212 Phone 719-276-7452 Fax 719-276-7453

Colorado has birth records for the entire state since 1910. Birth certificates are also available from the county office(s); for all county locations visit http://www.colorado.gov/cdphe/vitalrecords

|                                                                                                                                 | Person<br>Proof | e a con<br>n requ<br>of Re | py of a c<br>esting t<br>lationsh | to recei                | ve a birth cer               | e, passport or S<br>tificate must | sign be                                                       | elow.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n.                                                               |                         |           |                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------|-----------------------------------|-------------------------|------------------------------|-----------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------|-----------|-------------------------------------------------------|
|                                                                                                                                 |                 |                            |                                   |                         |                              |                                   | For O                                                         | ffice Use Or<br>ame of perso<br>birth of per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | uly to Verify<br>on related to:<br>son related to<br>File Number | ):                      | w/o Doo   | cumentation                                           |
| Requestor Informa                                                                                                               |                 |                            |                                   |                         |                              |                                   |                                                               | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | THE NUMBER                                                       | -                       |           |                                                       |
| Print name of person making request                                                                                             | First           |                            | Middl                             | е                       |                              | Last                              |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                         |           |                                                       |
| Mailing Address                                                                                                                 |                 |                            | Apt#                              | City                    |                              | State                             |                                                               | Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | Daytime P               | hone      |                                                       |
| Physical Address                                                                                                                |                 |                            | Apt#                              | City                    |                              | State                             |                                                               | Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | ( )<br>Alt Phone        | Numbe     |                                                       |
| Relationship to Reg<br>(person named on certif                                                                                  |                 | ָ<br>֪֖֖֞                  | Self<br>Child<br>Othe             |                         | ···                          | Grandpa                           | arent<br>Iardian                                              | Step<br>Lega                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -parent<br>Il represei                                           | ()<br>Siblir<br>ntative | ıg        | Spouse                                                |
| Reason for Reques                                                                                                               | t: 🔲 N          | lewbo                      | rn 🗆                              | Trave                   | el/Passport                  | Records                           |                                                               | School                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Insi                                                           | urance                  |           |                                                       |
| Registrant Infor                                                                                                                | matior          | Inf                        | ormation                          | about pers              | son whose birth ce           | ertificate is being r             | equested -                                                    | - Please tyn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e or print                                                       |                         |           |                                                       |
| Full Name at Birth                                                                                                              | Tues            |                            | n adopti                          | eu, provid              | Middle                       | ation and see spec                | Last                                                          | e on other si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | de.***                                                           |                         |           |                                                       |
| Date of Birth                                                                                                                   | Month           | Day                        | Year                              |                         | Is this Perso                | on Deceased?                      | 1000                                                          | The state of the s | a copy of the                                                    | death certifi           | cate      |                                                       |
| Place of Birth                                                                                                                  | City            |                            |                                   |                         | County                       |                                   |                                                               | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2-1-0-0                                                          | - O.U.                  | •         |                                                       |
| Full Name of Parent 1<br>Mother                                                                                                 | First           |                            |                                   | Middle                  |                              |                                   | Colorado ONLY Maiden Last Name (name prior to first marriage) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                         |           |                                                       |
| Full Name of Parent 2<br>Father                                                                                                 | First           |                            |                                   | Middle                  |                              |                                   | Last                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                         |           |                                                       |
| Pursuant to Colorado Revi<br>in the record requested. Th<br>than one year or both such<br>By signing below, I h<br>SIGN<br>HERE | fine and in     | nprison                    | nent (CRS                         | cora unae<br>3 25-2-118 | er false pretenses 1:<br>3). | nclude a fine of no               | ot more th                                                    | an \$1,000.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0, or imprison                                                   | nment in the            | county ja | tangible interest<br>till for not more<br>day's date: |
|                                                                                                                                 |                 |                            |                                   |                         |                              | \$<br>\$                          | 13.00 fo<br>ordered                                           | or 1st certifi<br>or each add<br>at same tir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | itional certif                                                   | icate of san            | e record  | sts                                                   |
|                                                                                                                                 |                 |                            |                                   |                         |                              | <u>FOR</u>                        | <u>OFFI</u>                                                   | ICE USI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | E ONLY                                                           |                         |           |                                                       |
|                                                                                                                                 |                 |                            |                                   |                         |                              | DCN:                              | ě                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | I.                      | eeuad l   | by                                                    |



## **ID** and Eligibility Requirements

January 2021

\*Certified certificates may be issued to:

(note: proof of relationship is required)

The registrant (person named on certificate)

Spouse

Parents/Step-parents

Adult Children

Grandparents/Great Grandparents

Grandchildren Legal Guardian Siblings

Legal Representative of any above

For complete list, visit: www.colorado.gov/cdphe

### **ID REQUIREMENTS**

| At least 1 of the following:                                                                                 | OR at least 2 of the following:                                                                  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|--|--|--|--|
| (No expired documents accepted)                                                                              | (Any document expired more than six months will not be accepted)                                 |  |  |  |  |  |
| 'PRIMARY' LIST                                                                                               | 'SECONDARY' LIST                                                                                 |  |  |  |  |  |
| Alien Registration Receipt/Permanent Resident Card                                                           | Acknowledgement of Parentage document (Colorado only)                                            |  |  |  |  |  |
| Certificate of U.S. Citizenship                                                                              | Birth certificate of Applicant (U.S. only)                                                       |  |  |  |  |  |
| Jail Temporary Inmate ID: Denver or Pueblo County                                                            | Court order for Adoption or Name Change                                                          |  |  |  |  |  |
| Colorado Department of Corrections ID card                                                                   | Craft or Trade License (Colorado only)                                                           |  |  |  |  |  |
| Colorado Department of Human Services Youth<br>Corrections ID                                                | DD-214                                                                                           |  |  |  |  |  |
| Colorado Temporary Driver's License/State ID (must be current)                                               | Divorce Decree (U.S. only)                                                                       |  |  |  |  |  |
| Employment Authorization Card (I-766)                                                                        | Colorado Gaming License                                                                          |  |  |  |  |  |
| Foreign Passport                                                                                             | Hospital Birth Worksheet (within 6 months of birth)                                              |  |  |  |  |  |
| Government Work ID                                                                                           | Colorado Hunting or Fishing License (must be current)                                            |  |  |  |  |  |
| Job Corps ID Card                                                                                            | Foreign or International Driving License/ID Card (issued by foreign country's state or province) |  |  |  |  |  |
| US Merchant Mariner Card/Book                                                                                | Marriage License/Certificate (U.S. only)                                                         |  |  |  |  |  |
| Driver's License/ID Card (DMV - U.S.)                                                                        | Medicaid Card (Colorado only)                                                                    |  |  |  |  |  |
| Foreign Driver's License/ID Card (issued directly from foreign country's government - not state or province) | Medicare Card                                                                                    |  |  |  |  |  |
| School, University or College ID Card (must be current)                                                      | Mexican Voter Registration Card                                                                  |  |  |  |  |  |
| Temporary Resident Card                                                                                      | Motor Vehicle Registration or Title (must be current - U.S. only)                                |  |  |  |  |  |
| U.S. B1/B2 Card with I-94                                                                                    | Pilot License                                                                                    |  |  |  |  |  |
| U.S. Certificate of Naturalization                                                                           | State, Territorial or Federal Prison or Corrections ID Card                                      |  |  |  |  |  |
| U.S. Citizenship ID Card (I-197)                                                                             | Social Security Card                                                                             |  |  |  |  |  |
| U.S. Military ID Card                                                                                        | Selective Service Card/Letter (U.S. only)                                                        |  |  |  |  |  |
| U.S. Passport Book or Card                                                                                   | Weapon or Gun Permit (U.S. only)                                                                 |  |  |  |  |  |
|                                                                                                              | Work ID, Paycheck Stub (within 3 months) or W2 (last tax year)                                   |  |  |  |  |  |
|                                                                                                              | Any expired document from the "Primary" list (cannot be expired more than 6 months               |  |  |  |  |  |

#### **WE CANNOT ACCEPT:**

| Matricula Consular Card              | Novelty ID Card                                                        |
|--------------------------------------|------------------------------------------------------------------------|
| IRS ITIN card or letter              | Non-expiring ID cards (unless issued within last<br>5 years)           |
| Souvenir/Hospital birth certificates | Out-of-State Temporary Driver's Licenses or<br>Temporary State ID card |

If you cannot provide acceptable identification, it is suggested that you ask a spouse, parent, grandparent, sibling or adult child, who can provide appropriate identification, to request the certificate. PROOF OF RELATIONSHIP is required.

