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? Yes ☐ No ☐ If yes, date: ____/____/____ 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 Da te
Address City	State Zip		Daytime Phone ( )	

Ways to order:
- **Apply in person** for same day service. Office hours are from 8: 0 0 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.

****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.*

PLEASE COMPLETE THIS AREA

PRINT name and address of person making request:

_____
Name

_____
Address

_____
City/State/Zip