



# DATA WORKSHEET FOR THE BIRTH CERTIFICATE

(Adoptions, Paternities, & Maternities only)

Please Note : If this is a stepparent adoption, the information concerning the biological parent(s) must be furnished Upon receipt of your request, allow up to 30 business days for your request to be processed

### 1. ADOPTIONS (documentation below needed along with this form) *Please note: Court order must be certified and will not be returned*

Adoption Decree Or Findings of Birth Facts Along with Adoption Decree (Foreign born only)	Type of Adoption (Check only one ✓) <input type="checkbox"/> Two parent adoption <input type="checkbox"/> Single-parent adoption	<input type="checkbox"/> Stepparent adoption <input type="checkbox"/> Second parent adoption
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### 2. PATERNITIES/MATERNITIES (add/remove father/mother) (documentation below needed along with this form) *Please note: Court order must be certified and will not be returned*

Acknowledgement of Paternity signed by natural parents (Registrant is 18 or over) Or Paternity/Maternity Determination (Court ordered, but not Report of Paternity Determination)	<i>(Registrant is under 18, you can only change last name to that of the father, must be signed by both parents)</i> <i>(Registrant is over 18, cannot change last name without a court ordered legal name change order)</i>
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### 3. INFORMATION AS IT CURRENTLY APPEARS ON THE BIRTH CERTIFICATE

REGISTRANT'S NAME		First	Middle	Last(s)	Suffix/Title
GENDER (Sex)	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	(mm/dd/yyyy)	PLACE OF BIRTH	City/County/State (if not Colorado give country)
MOTHER'S NAME	First	Middle	Maiden Last Name (name prior to first marriage)		
FATHER'S NAME	First	Middle	Last(s)	Suffix/Title	<input type="checkbox"/> ✓ Check this box to remove this father from the birth certificate

### 4. INFORMATION NEEDED TO PREPARE THE NEW BIRTH CERTIFICATE

REGISTRANT'S NEW NAME	First	Middle	Last(s)	Suffix/Title	
MOTHER'S INFORMATION	First Name	Middle Name	Maiden Last Name (name prior to first marriage)		
DATE OF BIRTH	(mm/dd/yyyy)	PLACE OF BIRTH	(state or country)	Please check parents role if other than mother (✓)	<input type="checkbox"/> Father <input type="checkbox"/> Coparent
FATHER'S INFORMATION	First Name	Middle Name	Last Name(s)	Suffix/Title	
DATE OF BIRTH	(mm/dd/yyyy)	PLACE OF BIRTH	(state or country)	Please check parents role if other than father (✓)	<input type="checkbox"/> Mother <input type="checkbox"/> Coparent

### 5. SERVICES AND FEES (FEES ARE NON-REFUNDABLE)

	Quantity	Fees	Total
Processing Fee - (fee does not include birth certificate) .....		20.00 = \$	
1 <sup>st</sup> certified copy of the birth certificate - (if applicable, see exchange policy) .....	X	17.75 = \$	
*Additional copies of the same certificate ordered at the same time or exchanges .....	X	10.00 = \$	
Heirloom certificate ****To see image visit our website .....	X	35.00 = \$	
**Credit card convenience charge (Walk-ins excluded) .....		10.00 = \$	
Expedited shipping (USA Only) <input type="checkbox"/> Express mail <input type="checkbox"/> FedEx (check or money order only) <input type="checkbox"/> UPS (credit card only) .....		19.00 = \$	
Regular mail no charge			
Total Number of Birth Certificates: _____		Grand Total: \$	

### 6. METHOD OF PAYMENT

We accept Checks (no temporary) and/or Money Orders (payable to Vital Records), and Credit Cards. Not responsible for cash sent through the mail

### 7. CREDIT CARD ORDERS

(check box ✓)  Visa  MasterCard  Discover \*\*\$10.00 convenience fee will apply

Cardholder name	Cardholder Signature	Credit Card Number	Expiration Date	Total Charges (\$)
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### 8. REQUESTOR INFORMATION

The penalties for obtaining a record under false pretenses include a fine of not more than \$1,000 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

The information listed above is true to the best of my knowledge and belief and I (we) request that the birth certificate be changed accordingly.

Your Relationship to the Registrant (Check all that apply ✓)  Self  Mother  Father  Co-Parent  Legal Representative (must show proof)

SIGNATURE ► \_\_\_\_\_ Date \_\_\_\_\_ SIGNATURE ► \_\_\_\_\_ Date \_\_\_\_\_

CURRENT MAILING ADDRESS	Address	City	State	Zip
DAYTIME TELEPHONE #	EMAIL ADDRESS (Print Clearly)			

### 9. CONTACT AND RETURN MAILING INFORMATION RETURN THIS FORM TO US ALONG WITH THE FOLLOWING:

CHECKLIST (Check box ✓)  \*\*\*A PHOTOCOPY OF YOUR ID  FEES  DOCUMENTARY EVIDENCE (see #1 or #2 above)

MAILING AND PHYSICAL ADDRESS: [Vital Records, Specialty Unit, 4300 Cherry Creek Drive South, Denver, CO 80246](http://VitalRecords.SpecialtyUnit,4300CherryCreekDriveSouth,Denver,CO80246)

Phone: 303-692-2227 Email: [cdphe\\_specialtycertificates@state.co.us](mailto:cdphe_specialtycertificates@state.co.us) \*\*\*\*Website: [www.colorado.gov/cdphe](http://www.colorado.gov/cdphe)

