Return Completed Application to:

Colorado Department of Public Health and Environment
Vital Records
Adoption Specialist
4300 Cherry Creek Drive South,
Denver CO 80246
(303) 692-2227
www.colorado.gov/cdphe

F

FOR OFFICE USE ONLY

SF# _____- _____

AD: ____/____/____

Application to Obtain an Original Birth Certificate

Please submit the following:

- ✓ Completed Application
- ✓ Enclose a photocopy of a current driver's license, passport or State identification
- ✓ Submit the correct fee

ADOPTEE'S BIRTH INFORMATION *Type or print.*

Provide **birth information** for individual whose original birth certificate is being requested.

Full Name at Birth	**First**	**Middle**	**Last**
Date of Birth	**Month** **Day**	**Year**	
Place of Birth	**City**	**County**	**State** COLORADO ONLY
Birth Father's Full Name	**First**	**Middle**	**Last**
Birth Mother's Name Prior To Marriage	**First**	**Middle**	**Maiden Last Name** (Name Prior To First Marriage)

Full Name of Adoptee (after adoption) if known	**First**	**Middle**	**Last**

REQUESTOR INFORMATION *Type or print.*

Print Name	**First**	**Middle**	**Last**
Mailing Address	**City**	**State**	**Zip**
Email Address	**Daytime Phone Number**		
By signing below, I attest the termination of the parent-child legal relationship was not the result of a dependency and neglect action. SIGN HERE			Date:

PROCESSING TIME - 30 DAYS from date received on ALL requests. Expedite service is available for an additional $20 fee. Processing time for expedite requests is 15 days from date received.

WAYS TO ORDER -Valid ID required with all requests.
Apply in person. Office hours are from 8:30 a.m. 4:30 p.m., M-F.
Fax your application with credit card information: U.S. fax 800.423.1108; outside U.S. fax 303.691-9307.

Mail in application with check, money order, or credit card information.
Make check or money order payable to: *Vital Records*. Please do not send cash.

Card Type: ❒ Visa ❒ Mastercard ❒ Discover ❒ American Express
Cardholder Name:_____
Card Number: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Exp. Date: _____/_____
** $10.00 convenience charge to be added

CHARGES- All fees are nonrefundable

Original birth certificate: **$ 37.75**

Additional Services: *(√) Check box*

- ❒ **$20 Expedite Service Fee** $_____
- ❒ **Fed Ex** –within continental U.S. ($20.00) $_____
- ❒ **Express Mail** – within continental U.S. ($19.95) $_____
- ❒ **$10 Credit Card convenience charge (walk-ins excluded)** $_____

Total..... $_____

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