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

FOR OFFICE USE ONLY

SF# _____- _____

AD: ____/____/____

Confidential Intermediary Application

For a certified copy of Adoptee's Original Birth Certificate from a sealed adoption file or birth certificate with adoptive information

Please submit the following:

- ✓ Completed Application
- ✓ Submit the correct fee
- ✓ Certified order of appointment of confidential intermediary
- ✓ Photocopy of your valid driver's license
- ✓ Photocopy of your confidential intermediary identification

If the court order allows photocopying of documents, a certified copy of the original birth certificate will be issued. If the court order does not allow photocopying, you may only view the record.

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)	**First**	**Middle**	**Last**

REQUESTOR INFORMATION *Type of print.*

Print Name	**First**	**Middle**	**Last**
Mailing Address	**City**	**State**	**Zip**
Email Address	**Daytime Phone Number**		
Signature of Confidential Intermediary		**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: _____/_____

CHARGES- All fees are nonrefundable

Original birth certificate:	**$ 37.75**
Adoptive birth certificate currently on file	**$ 17.75**
Additional Services: *(√) Check box*	
❒ **$20 Expedite Service Fee**	$_____
❒ **Fed Ex** – within continental U.S. ($20.00)	$_____
❒ **Express Mail** – within continental U.S. ($18.30)	$_____
Total.....	$_____