



**Colorado Department of Public Health and Environment
Vital Records Section
Contact Preference Form**

www.colorado.gov/cdphe

Effective 10-01-2003, State Law requires all requests to be accompanied by a **photocopy of your driver's license, state ID or passport.**

Send a \$20 non-refundable processing fee payable to Vital Records, photocopy of ID and this form to the Closed Records Coordinator, Health Statistics and Vital Records, HSVR-VR-A1, 4300 Cherry Creek Drive South, Denver, CO 80246-1530. Retain a copy for your records. Your form will be processed within 10 working days or as soon as possible. Birthparents can change his or her contact preference form by notifying the Adoption Specialist in writing at any time.

Information To Be Completed By Birth Mother or Birth Father—PLEASE PRINT

Please indicate your status: birth mother birth father

Name of child on original birth certificate _____
(First) (Middle) (Last)

Child's complete date of birth _____ Child's place of birth _____, Colorado
(Month/day/year) (City/county)

Gender: Male Female

Birth Mother's complete name as it appears on the original birth certificate, include maiden name and any alias names used at the time of birth or at the time of relinquishment

Birth Father's complete name as it appears on the original birth certificate, include any alias names used at the time of birth or at the time of relinquishment

Check all that apply:

I prefer contact by the adult adoptee , an adult descendant of the adoptee , or a legal representative of the adult adoptee or descendant .

I would prefer to be contacted through a confidential intermediary .

I would prefer to be contacted through a child placement agency .

I do not prefer future contact by the adult adoptee , or adult descendant of the adoptee , or a legal representative of the adult adoptee or descendant .

Effective 01-01-2007, I authorize the release of the original birth certificate to any eligible party .

I do not authorize the release of the original birth certificate .

If you have authorized contact, please provide a preferred method: mail email _____
 phone other _____

If we have any questions about your responses on this form or need additional information, may we contact you by phone? Yes No. If yes, please list a daytime phone number: _____-_____-_____.

Current Legal Name _____

Mailing Address _____

City _____ State _____ Zip code _____

Signature _____ Date _____

For office use only: Birth parent's current name _____

Adoptee's name _____

Adoptee's birth name _____



Colorado Department of Public Health and Environment
Vital Records Section
Adoption Specialist
4300 Cherry Creek Drive South
Denver, CO 80246-1530
www.colorado.gov/cdphe
(303) 692-2227

MEDICAL HISTORY STATEMENT

(This form can be submitted no more frequently than every 3 years unless there is a significant change in medical history)

BIRTH PARENT INFORMATION Birth mother Birth father

List any hereditary diseases, childhood diseases, allergies, adult diseases, and history of cancer, congenital impairments or other significant illnesses:

Example of medical history-
 allergies, asthma, diabetes,
 migraine headaches, eye
 disorders, hypertension, heart
 problems, depression,
 epilepsy, stroke, thyroid.

Blood type:

Significant medical information about biological relatives and state their relationship:

I hereby waive confidentiality of any medical information supplied in this statement with respect to the adoptee, an adult descendant of an adoptee or legal representative of such person and to the State Registrar and his or her designees.

Signature of birth parent _____ Date _____

(Please print full name)

For office use only: Adoptee's current name _____ Adoptive name _____ Adoptee's date of birth ____/____/____ Adoptee's birth name _____