Vital Records - Adoption
4300 Cherry Creek Drive South | Denver, CO 80246
(303)692-2227 | www.colorado.gov/cdphe/adoption

Application to Access an Original Birth Certificate

Effective January 1. 2016, original birth certificates are accessible to eligible parties through Vital Records.

Adoption records are held in county courts and certain state agency files and are directly accessible to eligible parties.

The following eligible parties have direct access: ☑ check box that applies:

I am the...

- ❑ Adult adoptee
- ❑ Adoptive parent of a minor adoptee
- ❑ Custodial grandparent of a minor adoptee
- ❑ Legal representative of any such individual
- ❑ Sibling/half sibling
- ❑ Birth parent

The following eligible parties require a notarized written consent: ☑ check box that applies:

The following individuals must provide: 1) proof of relationship; and 2) proof of identity.

I am the...

- ❑ Spouse of an adult adoptee
- ❑ Adoptive parent of an adult adoptee
- ❑ Legal representative of any such individual
- ❑ Adult descendant of an adult adoptee
- ❑ Grandparent of an adult adoptee

****CONSENT TO RELEASE**
-ATTACH A PHOTOCOPY OF YOUR IDENTIFICATION

Signature of adult adoptee

SIGN HERE

Subscribed and sworn to before me this

_____day of _____20_____

Notary Public

My commission expires_____

In the county of _____

State of _____

❑ Adoptee is deceased. All individuals have access to the original birth certificate and must submit: 1) proof of relationship; and 2) a certified copy of the death certificate.

Requestor Information:

Print name of person making request:	First	Middle	Last			Email
Mailing address:	Street address	Apt#	City	State	Zip	Daytime phone ( )

If you are a birth parent, sibling/half sibling: provide information at birth.
All other parties: provide adoptive information.

Full name:	First	Middle		Last
Date of birth:	Month	Day	Year ____ ____ _____	
Full name of father:	First	Middle		Last
Full name of mother prior to first marriage:	First	Middle		Maiden last name (prior to first marriage)

Pursuant to Colorado Revised Statutes, 1982, 25-2-118 and as defined by the 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 note more than one year or both such fine and imprisonment (CRS 25-2-118).

By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses.

SIGNATURE

Today's date

PROCESSING TIME:
30 days from the date received on ALL requests below.

WAYS TO ORDER:
A VALID ID IS REQUIRED WITH ALL REQUESTS.

1. **Apply in person:** Office hours are from 8:00-5:00, MONDAY-FRIDAY.
2. **Fax your application** with credit card information: U.S. Fax (800)423-1108; outside U.S. Fax (303)691-9307.
3. **Mail in your application** along with a check, money order, or credit card information.

(✔) **CHARGES: ALL FEES ARE NONREFUNDABLE** **$37.75**

- ❑ $10.00 Additional copies ..... $_____
- ❑ $17.75 Amended copies ..... $_____
  (siblings/half siblings only)
- ❑ $0.00 Regular mail (U.S. Postal Service) ..... $ 0.00
- ❑ $19.00 Expedited shipping (USA only): ..... $_____
  - ❑ FedEx (check, money order, cash orders ONLY)
  - ❑ UPS (credit card orders ONLY)
  - ❑ Express Mail USPS

TOTAL ..... $_____

****Credit card orders:**
$10.00 convenience charge will be added to the total amount. American Express will be charged the convenience charge on all orders.

Card Type: ❑ VISA ❑ MasterCard ❑ Discover ❑ American Express

Cardholder name: _____

Card Number: | | | | | | | | | | | | | | | |

Expiration Date: _____/_____