

HOSPITAL/MIDWIFE BIRTH CERTIFICATE CORRECTION FORM

TO: [Sean Cancanon](#)
 CDPHE - Vital Records Section
 PHONE: 303-692-2236 FAX: 1-866-571-8507

FROM: _____
 3. Hospital/Midwife OR Institution Name

DATE: _____

SUBJECT: Incorrect Birth Certificate

Name of **REGISTRANT** as it currently appears on the Birth Certificate:

1a. First Name(s)	1b. Middle Name(s)	1c. Last Name(s)	1d. Suffix
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2. **REGISTRANTS** Date of Birth: _____

INCORRECT INFORMATION AS IT APPEARS ON THE BIRTH CERTIFICATE

CORRECT INFORMATION

Item
Number

***If additional corrections are needed for the same record please complete another correction form and submit it to our office**

COMMENT:	

Legend: Item Number

- | | |
|--|--|
| 1a Registrant's First Name(s) | 8f Mother's Birth Place |
| 1b Registrant's Middle Name(s) | 9a Residence of Mother-State |
| 1c Registrant's Last Name(s) | 9b Residence of Mother-County |
| 1d Registrant's Suffix | 9c Residence of Mother-City, Town, or Location |
| 2 Registrant's Date of Birth | 9d Residence of Mother-Street & Number |
| 3 Registrant's Time of Birth (AM/PM) | 9e Residence of Mother-Apt. # |
| 4 Registrant's Gender | 9f Residence of Mother-Zip Code |
| 5 Facility/Hospital/Midwife OR Institution Name | 9g Residence of Mother-Inside City Limits |
| 6 City, Town, Location of Birth | 10 Mother's Mailing Address |
| 7 County of Birth | 11a Father's Current Legal Name |
| 8a Mother's Current Legal Name | 11b Father's Date of Birth |
| 8b Mother's First Name prior to first marriage | 11c Father's Birth Place |
| 8c Mother's Middle Name prior to first marriage | 12a Mother's Social Security Number |
| 8d Mother's Last Name Prior to first marriage (maiden) | 12b Father's Social Security Number |
| 8e Mother's Date of Birth | 13 Marital Status – No charge to hospital/midwife |

Check box (v) Please Note: If a box below is not checked, charges for the correction will be billed to the hospital/midwife initiating the correction

Charge the Hospital/Midwife **Charge the Parents**

I certify the correct information listed above is from hospital/midwife records.

 Signature of Birth Certificate **REGISTRAR/MIDWIFE** requesting the correction

 Title of **REGISTRAR/MIDWIFE**

Phone: _____

Fax: _____

Email: _____

HOSPITAL/MIDWIFE BIRTH CERTIFICATE CORRECTION FORM INSTRUCTIONS

When completing a hospital/midwife birth certificate correction form please ensure all items listed below are completed on the form:

- A. Date of correction
- B. Name of hospital/midwife
- C. Legible name and date of birth of child as it currently appears on certificate
- D. Clear legible names and/or information to be corrected
- E. Hospital representative's signature
- F. Billing box must be checked stating who is being charged for the correction
- G. Fax only the birth certificate correction form to 1-866-571-8507.
 - A cover sheet is not required
 - Do not include a copy of the birth certificate worksheet.
- H. Please allow up to 5 business days upon receipt of your request to process the hospital/midwife birth certificate correction form

Please note: incomplete information on the hospital/midwife birth certificate correction form will delay the correction process and the 5 day turnaround period.

Please contact Sean Cancanon at 303-692-2236 or sean.cancanon@state.co.us