



**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

|                            |               |
|----------------------------|---------------|
| <b>FOR OFFICE USE ONLY</b> |               |
| SF#                        | _____ - _____ |
| AD:                        | ___/___/___   |

# Birth Parent Application to Access 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<br><b>COLORADO ONLY</b>                   |
| 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. Date: \_\_\_\_\_

**SIGN HERE**

**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: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express |
| Cardholder Name: _____   |
| Card Number: _____   |
| Exp. Date: _____/_____/_____   |
| <small>** \$10.00 convenience charge to be added</small>   |

|  |                        |
|--|------------------------|
| <b>CHARGES- All fees are nonrefundable</b>                                       |                        |
| <b>Original birth certificate:</b>   | <b>\$ <u>37.75</u></b> |
| <b>Additional Services:</b> <i>(✓) Check box</i>                                 |                        |
| <input type="checkbox"/> \$20 Expedite Service Fee                               | \$ _____               |
| <input type="checkbox"/> Fed Ex –within continental U.S. (\$20.00)               | \$ _____               |
| <input type="checkbox"/> Express Mail – within continental U.S. (\$19.95)        | \$ _____               |
| <input type="checkbox"/> \$10 Credit Card convenience charge (walk-ins excluded) | \$ _____               |
| <b>Total</b> .....   | <b>\$ _____</b>        |