



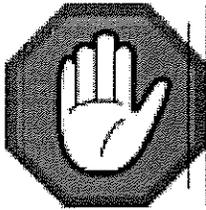
Colorado Birth Certificate Request

Apply in person:
Monday - Thursday
7:00a.m. - 5:00p.m.

Elbert County Department of
Health and Human Services
75 Ute Ave./P.O. Box 924
Kiowa, CO 80117

Phone: (303) 621-3149, opt 0
Fax (303) 621-0122
Email: elbertvitalrecords@gmail.com

Colorado has birth records for the entire state since 1910. Birth certificates are also available from the county office(s); for all county locations visit <http://www.colorado.gov/cdphe/vitalrecords>



- Requirements:**
- This request must be completed in full.
 - Enclose a copy of a current driver's license, passport or State identification. (See reverse side for complete list for primary and secondary ID's)
 - Enclose appropriate fees
 - Person requesting to receive a birth certificate must sign below.
 - Proof of Relationship is required (Parents and Registrant excluded)
 - Enclose a copy of the death certificate if the person is deceased.

Requestor Information

Print name of person making request	First	Middle	Last	Email:		
Mailing Address	Apt#	City	State	Zip	Daytime Phone ()	
Physical Address	Apt#	City	State	Zip	Alt Phone Number ()	
Relationship to Registrant (person named on certificate)*see reverse side	<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Step-parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Legal guardian	<input type="checkbox"/> Legal representative		
	<input type="checkbox"/> Other: _____					
Reason for Request:	<input type="checkbox"/> Newborn <input type="checkbox"/> Travel/Passport <input type="checkbox"/> Records <input type="checkbox"/> School <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____					

Registrant Information

Information about person whose birth certificate is being requested – Please type or print
If adopted, provide adoptive information and see special service on other side.

Full Name at Birth	First	Middle	Last
Date of Birth	Month	Day	Year
Is this Person Deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, must provide a copy of the death certificate</i>		
Place of Birth	City	County	State Colorado ONLY
Full Name of Father	First	Middle	Last
Full Name of Mother	First	Middle	Maiden Last Name (name prior to first marriage)

Pursuant to Colorado Revised Statutes, 1982, 25-2-118 and as defined by 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 not 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. Today's date

SIGN HERE

Ways to Order:

Order certificates by email at elbertvitalrecords@gmail.com. Certificates mailed after receipt of all required documentation.

Fax your application with credit card information to (303) 621-0122.

Certificates mailed upon receipt of all required documentation.

Mail in your application with check, money order or credit card information.

Make check payable to ECHHS. Please do not sent cash.

**Credit card orders:

Card Type: VISA MasterCard Discover

Cardholder name: _____

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

Expiration Date: _____

Charges: (FEES NON-REFUNDABLE)

Cost of certificates:
\$17.75 for one (or search when no record found).....

\$10.00 for each additional certificate of same record ordered at same time.....

Convenience charged to be added to credit card orders

\$35 for each heirloom certificate.....

Please check your shipping method:
 Regular mail (\$0.00)
 FedEx* (check, money order, cash orders ONLY) (\$20.00)
 Express Mail* (\$19.95)
 UPS* (credit card orders ONLY)(\$19.00)

Total Charges.....

*Within continental U.S.