



ARAPAHOE COUNTY
PUBLIC HEALTH

6162 S. Willow Drive, Suite 100
Greenwood Village, CO 80111
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Phone: 303-734-4300
vitalrecords@arapahoegov.com

Staff Use Only:	v. 08/2022
DCN:	_____
Staff:	_____ Date: _____

Birth Certificate Application

Requestor please include the following for processing:

Completed application Required ID Payment Tangible interest documents
(see below or visit our website for additional options) (if applicable)

Requestor Information

Print name of person making request:		Daytime Phone:	
Mailing Address:		City	State Zip
Your relationship to person named on certificate (<i>Proof needed if your name is not listed on certificate</i>):			
<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"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other _____			
Reason for Request (<i>Choose one option</i>):			
<input type="checkbox"/> Newborn <input type="checkbox"/> Travel/Passport <input type="checkbox"/> Records <input type="checkbox"/> School <input type="checkbox"/> Insurance <input type="checkbox"/> Social Services <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Other: _____			

Registrant Information

Full Name at Birth	First		Middle		Last	Suffix
Date of Birth	Month	Day	Year	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Is this Person Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: ____/____/____ State where Death Occurred: _____ <i>(Please provide certified copy of death certificate)</i>	
Place of Birth	City		County		State COLORADO ONLY	
Full Name of Mother or Parent A	First		Middle (Prior to First Marriage)		Last (Prior to First Marriage)	Suffix
Full Name of Father or Parent B	First		Middle (Prior to First Marriage)		Last (Prior to First Marriage)	Suffix

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 in this box, I have read and understood that there are penalties for obtaining a record under false pretenses. 	Today's Date
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Primary ID Listing (at least one) or visit our website for additional ID options		<h2 style="margin: 0;"><u>Order Quantity</u></h2> <p>Number of certificates _____</p> <p>Cost of first certificate \$ <u>20.00</u></p> <p>Additional certificate(s) \$13 ea. \$ _____ (issued on the same day)</p> <p>UPS \$25.00 - 2 business day delivery \$ _____ <i>(optional)</i></p> <p style="text-align: right;">Total charges \$ _____</p>
<ul style="list-style-type: none"> • Alien Registration Receipt or Permanent Resident Card (INS I-151 or I-551) • Certificate of US Citizenship (N-560 or N-561) • City of Denver/Denver County/Pueblo County Jail Temporary Inmate ID • CO Department of Corrections ID Card • CO Department of Human Services Youth Corrections ID • CO Temporary Driver's License/State ID (within 30 days) • Employment Authorization Card (I-766) • Foreign Passport • Government Work ID (US) • Job Corps ID Card 	<ul style="list-style-type: none"> • International Driving License or Photo ID Card (Issued by Country) • Photo Driver License/ID card (DMV - US) • School, University, or College ID Card (US - Current school year) • Temporary Resident Card (I-688, I-688A, or I-688B) • US B1/B2 Visa Card PLUS I-94 • US Certificate of Naturalization (N-550 or N-570 w/Photo) • US Citizenship ID Card (I-197) • US Merchant Mariner Card (w/Photo) • US Military ID Card • US Passport Book/Card 	
For payment by email, fax or mail, enter card info below or make checks/money orders payable to Arapahoe County Vitals		
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX Cardholder name: _____ Cardholder Signature: _____ Card Number: _____ Expiration Date: ____/____/____ CVV: _____		