



Weld County Department of Public Health and Environment

Application for Certified Copy of Birth Certificate



Public Health
Prevent. Promote. Protect.

Vital Records

1555 North 17th Avenue, Greeley, CO 80631 Phone: 970.304.6410
4209 CR 24 1/2 , Longmont, CO 80504 Phone: 720.652.4240
Fax: 970.304.6412 www.weldhealth.org

Greeley Office Hours: M-F 8 a.m. – 5 p.m.
Longmont Office Hours: M-F 8-12 p.m & 1-4:45 p.m.
Both offices are closed on Saturdays, Sundays, & major holidays

REGISTRANT INFORMATION – information about whose birth certificate is being requested. If the person was legally adopted, list the adoption name and adopting parent information. Please print.

Full name of person on record:	First	Middle	Last	Suffix	
Date of birth:	Month	Day	Year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Is this person still living? <input type="checkbox"/> YES <input type="checkbox"/> NO
Place of birth:	City		County	State COLORADO (ONLY)	
Mother's legal name at her birth:	First	Middle	Last		
Father's name:	First	Middle	Last		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.

REQUESTOR INFORMATION – please print.

Why do you need the certificate?	<input type="checkbox"/> Newborn <input type="checkbox"/> Insurance <input type="checkbox"/> Travel/Passport <input type="checkbox"/> Records <input type="checkbox"/> School <input type="checkbox"/> State Driver's License/ID <input type="checkbox"/> Job <input type="checkbox"/> Other (please specify): _____		
What is your relationship to the person listed on the record?	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other (please specify): _____		
Your name:	First	Last	
Your mailing address:	City, State, Zip		Phone#
Street By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses.			Today's Date <div style="border: 2px solid red; padding: 5px; display: inline-block; color: white; font-weight: bold;">SIGN HERE</div>

Number of certified copies requested: _____ **Fee: \$17.75 for the first copy. \$10.00 for each additional copy of the same record in the same transaction**

Ways to order:
 Apply in person for same day service. Office hours are listed above.
 Order by Mail with check, money order or credit card number. **Please do NOT send cash. Make checks payable to W.C.D.P.H.E.**
 Order by Fax with credit card information. Fax number is (970)304-6412
 Processing time for a mailed or faxed order is 3-5 business days on a first come, first served basis.

For mailed or faxed orders ONLY:

- Deliver to you by (please check one):
- Regular Mail: no extra charge, no tracking
 - Priority Mail: \$5.75 through United States Post Office with tracking
 - FedEx overnight delivery: charges vary by location

ALL MAILED OR FAXED APPLICATIONS MUST BE SENT WITH A LEGIBLE COPY OF THE REQUESTOR'S CURRENT STATE DRIVER'S LICENSE, ID, OR PASSPORT. APPLICATIONS WITHOUT ANY IDENTIFICATION WILL BE REJECTED.

Credit card type: Visa MasterCard Discover Expiration Date: ____/____/____ Card billing zip code: _____ CVC Code: _____
 Card number: _____ - _____ - _____ - _____
 Cardholder name: _____ Cardholder signature: _____

For office use only

Issue date:	Comments:
Issued by:	
Certificate number(s):	
Receipt number:	
DL/ID Info:	
Other ID:	

APPROVED IDENTIFICATION DOCUMENTS LIST

PRIMARY ID LIST

ONE ITEM FROM THE LIST BELOW

**DOCUMENTS EXPIRED LESS THAN SIX MONTHS
BECOME SECONDARY ID**

Alien Registration Receipt or Permanent Resident Card
Certificate of US Citizenship
City of Denver/Denver County Jail
Temporary Inmate Card
CO Dept. of Corrections ID Card
CO Dept. of Human Services Youth Corrections ID
CO Temporary Driver's License/State ID (Within 30 days)
Employment Authorization Card (1-766)
Foreign Passport
Government Work ID
Job Corps ID Card
Photo Driver's License
Photo ID Card (DMV)
School, University, or College ID Card (Must be current)
Temporary Resident Card
US B1/B2 Visa Card with valid I-94 Card
US Certificate of Naturalization
US Citizenship ID Card (1-97)
US Military ID Card
US Passport Book or Card

SECONDARY ID LIST

TWO ITEMS FROM THE LIST BELOW

**ANY DOCUMENT EXPIRED MORE
THAN SIX MONTHS WILL NOT BE ACCEPTED**

Acknowledgement of Paternity Document(Colorado Only)
Birth Certificate of Applicant (U.S. only)
Court Order for
Adoption or Name Change
Craft or Trade License (Colorado only)
DD-214
Divorce Decree (U.S. Only)
Colorado Gaming License
Hospital Birth Worksheet (Within 6 months of birth)
CO Hunting or Fishing License
IRS-ITIN Card or Letter
Marriage License/Certificate (U.S. only)
Medicare Card
Merchant Mariner Card
Mexican Voter Registration Card
Motor Vehicle Registration(Must be current-US only)
Pilot License
State, Territorial or Federal Prison or Corrections Card
Selective Service Card/Letter (U.S. only)
Social Security Card
Weapon or Gun Permit
Work ID, Paycheck Stub (Within 3 months), Pay Statement,
or W-2 (last tax year)

WE ARE SORRY BUT, WE CANNOT ACCEPT

Birth Certificates Issued by Foreign Governments
CO Temporary Driver's License Renewal Forms
Medicaid Cards
Property Tax Receipts
Souvenir Birth Certificates
(Hospital issued with footprints)
Tribal ID Card
Veterans Universal Access ID Cards

City and County Detention Center ID Card
Matricula Consular (Consular ID) Card
Novelty ID Cards
Social Services WIC Card/Check
Temporary Driver's License or
Temporary State ID Cards
Undated Documents

If you cannot provide acceptable identification, it is suggested that you ask a spouse, parent, grandparent, sibling, or adult child, who can provide identification, to request the certificate. For questions on the above list, call the Weld County Vital Records office at 970-304-6410.