



**Weld County Department of Public Health and Environment**  
**Application for Certified Copy of Birth Certificate**



**Public Health**  
 Prevent. Promote. Protect.

**Greeley Location**

1555 North 17<sup>th</sup> Avenue, Greeley, CO 80631  
 Phone: 970-304-6410 Fax: 970-304-6412  
 Hours: Monday – Friday 8:00am – 5:00pm

**Longmont Location**

4209 CR 24 ½ Longmont, CO 80504  
 Phone: 720-652-4240 Fax: 970-304-6412  
 Hours: Wednesday 8:00am – 12:00pm & 1:00pm – 4:00pm

[www.weldhealth.org](http://www.weldhealth.org)

Both offices are closed on Saturdays, Sundays, & major holidays

**REQUIREMENTS**

Application must be **completed in full**. Please type or print clearly. Enclose a **copy of your ID**: current driver's license, passport, or state identification (refer to approved ID list on page 2). Enclose appropriate fees. Applicant must sign application. \*Phone number is required.\* Proof of Relationship is required (parents and registrant excluded). Enclose a copy of the death certificate if the person is deceased.

**Ways to Order:**

**Apply in Person:** Walk-ins only. Same day service.  
**Mail Orders:** Send check, money order, or provide credit card information on page 3. Do NOT send cash.  
**Make checks payable to W.C.D.P.H.E.** Mail to the Greeley location ONLY.  
**Fax Orders:** Provide credit card information on page 3.

**APPLICANT INFORMATION (Please Print Legibly)**

<b>Name of Person Making Request</b>	First	Middle	Last
<b>Mailing Address</b>	Street	City	State Zip Code
<b>Relationship to person on certificate</b> "I am the..."	Self Parent Grandparent Stepchild Legal Guardian	Stepparent Sibling Legal Representative	Spouse Child Other:
<b>Reason for Request</b>	Newborn Insurance State Driver's License/ID	Passport/Travel Other:	Records School/Sports Job

**CERTIFICATE INFORMATION (Please Print Legibly)**

Provide name exactly as it appears on the birth record.

<b>Full Name at Birth (or Legal Name)</b>	First	Middle	Last	Suffix
<b>Date of Birth</b>	Month	Day	Year	Gender Female Male
<b>Place of Birth</b>	City	County	State <b>Colorado ONLY</b>	Is this person still living? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Full Name of Mother (or Parent A)</b>	First	Middle	MAIDEN NAME	Suffix
<b>Full Name of Father (or Parent B)</b>	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. (CRS 25-2-118).

<b>By signing below, I have read and I understand there are penalties for obtaining a record under false pretenses.</b>	<b>Today's Date</b>
<b>Sign Here</b>	
<b>Number of Certified Copies Requested:</b> <input type="text"/>	<b>Phone Number</b>
Fee: \$20.00 for the first copy. \$13.00 for each additional copy of the same record on the same transaction.	
<b>Delivery Options for Mailed or Faxed in Orders ONLY:</b>	<b>Email Address</b>

Regular Mail: no extra charge - no tracking

Priority Mail: \$8.95 - USPS tracking provided

FedEx Overnight: charges vary by location

**Please include payment information on page 3.**

**FOR OFFICE USE ONLY**

<u>Issue Date:</u>	<u>Issue By:</u>	<u>Comments:</u>
<u>Certificate Number(s):</u>		
<u>Receipt Number:</u>		
<b>ID INFO:</b>		
<b>ID INFO:</b>		



**\*Certified certificates may be issued to:**  
(note: proof of relationship is required)

- |                                              |                                                                                              |
|----------------------------------------------|----------------------------------------------------------------------------------------------|
| The registrant (person named on certificate) | Siblings                                                                                     |
| Spouse                                       | Legal Representative of any above                                                            |
| Parents/Step-parents                         | For complete list, visit: <a href="http://www.colorado.gov/cdphe">www.colorado.gov/cdphe</a> |
| Adult Children                               |                                                                                              |
| Grandparents/Great Grandparents              |                                                                                              |
| Grandchildren                                |                                                                                              |
| Legal Guardian                               |                                                                                              |

**ID REQUIREMENTS**

At least 1 of the following: (No expired documents accepted)	OR at least 2 of the following: (Any document expired more than six months will not be accepted)
'PRIMARY' LIST	'SECONDARY' LIST
Alien Registration Receipt/Permanent Resident Card	Acknowledgement of Parentage document (Colorado only)
Certificate of U.S. Citizenship	Birth certificate of Applicant (U.S. only)
Jail Temporary Inmate ID: Denver or Pueblo County	Court order for Adoption or Name Change
Colorado Department of Corrections ID card	Craft or Trade License (Colorado only)
Colorado Department of Human Services Youth Corrections ID	DD-214
Colorado Temporary Driver's License/State ID (must be current)	Divorce Decree (U.S. only)
Employment Authorization Card (I-766)	Colorado Gaming License
Foreign Passport	Hospital Birth Worksheet (within 6 months of birth)
Government Work ID	Colorado Hunting or Fishing License (must be current)
Job Corps ID Card	Foreign or International Driving License/ID Card (issued by foreign country's state or province)
US Merchant Mariner Card/Book	Marriage License/Certificate (U.S. only)
Driver's License/ID Card (DMV - U.S.)	Medicaid Card (Colorado only)
Foreign Driver's License/ID Card (issued directly from foreign country's government - not state or province)	Medicare Card
School, University or College ID Card (must be current)	Mexican Voter Registration Card
Temporary Resident Card	Motor Vehicle Registration or Title (must be current - U.S. only)
U.S. B1/B2 Card with I-94	Pilot License
U.S. Certificate of Naturalization	State, Territorial or Federal Prison or Corrections ID Card
U.S. Citizenship ID Card (I-197)	Social Security Card
U.S. Military ID Card	Selective Service Card/Letter (U.S. only)
U.S. Passport Book or Card	Weapon or Gun Permit (U.S. only)
	Work ID, Paycheck Stub (within 3 months) or W2 (last tax year)
	Any expired document from the "Primary" list (cannot be expired more than 6 months)

**WE CANNOT ACCEPT:**

Matricula Consular Card	Novelty ID Card
IRS ITIN card or letter	Non-expiring ID cards (unless issued within last 5 years)
Souvenir/Hospital birth certificates	Out-of-State Temporary Driver's Licenses or Temporary State ID card

If you cannot provide acceptable identification, it is suggested that you ask a spouse, parent, grandparent, sibling or adult child, who can provide appropriate identification, to request the certificate. **PROOF OF RELATIONSHIP** is required.



Weld County Department of Public Health and Environment  
Application for Certified Copy of Birth Certificate



Public Health  
Prevent. Promote. Protect.

**Greeley Location**

1555 North 17<sup>th</sup> Avenue, Greeley, CO 80631  
Phone: 970-304-6410 Fax: 970-304-6412  
Hours: Monday – Friday 8:00am – 5:00pm

**Longmont Location**

4209 CR 24 ½ Longmont, CO 80504  
Phone: 720-652-4240 Fax: 970-304-6412  
Hours: Wednesday 8:00am – 12:00pm & 1:00pm – 4:00pm

[www.weldhealth.org](http://www.weldhealth.org)

Both offices are closed on Saturdays, Sundays, & major holidays

**REQUIREMENTS**

Application must be **completed in full**. Please type or print clearly.  
Enclose a **copy of your ID**: current driver's license, passport, or state identification (refer to approved ID list on page 2).  
Enclose appropriate fees.  
Applicant must sign application. \*Phone number is required.\*  
Proof of Relationship is required (parents and registrant excluded).  
Enclose a copy of the death certificate if the person is deceased.

**Ways to Order:**

**Apply in Person:** Walk-ins only. Same day service.  
**Mail Orders:** Send check, money order, or provide credit card information below. Do NOT send cash.  
**Make checks payable to W.C.D.P.H.E.** Mail to the Greeley location ONLY.  
**Fax Orders:** Provide credit card information below.

Debit / Credit Card Information:

Card type:      Visa      MasterCard      Discover      (American Express NOT Accepted)

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_      Billing zip code: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_