



Application for Certified Copy of Birth Certificate

Cost: \$25 for first copy,

\$20 each additional copy per registrant

District Headquarters - 700 Columbine Street, Sterling, CO 80751
 Phone (970) 522-3741 or 877-795-0646
 Fax (970) 522-1412

Requestor Information - Please Print Clearly

First	Middle	Last	Reason for Request:	
Mailing Address		City	State Zip	Daytime Phone: ()
Physical Address		City	State Zip	Alternate Phone or Email address ()
Your Signature 				Today's Date:

Registrant(s) Information - Please Print Clearly

Information about person(s) whose birth certificate is being requested.

A copy of the requestor's state-issued drivers' license or identification card must be included with application.

Registrant 1 # of copies requested: Gender of Registrant <input type="checkbox"/> M <input type="checkbox"/> F	Full Name at Birth: First Middle Last			
	Date of Birth	Is this person <input type="checkbox"/> NO deceased? <input type="checkbox"/> YES	Date of death: _____ State where death occurred: _____ Please provide copy of death certificate	
County of Birth		City of Birth		Your relationship to Registrant:
Full Name of Father: First Middle Last				
Full Name of Mother: First Middle Maiden Last Name				
Registrant 2 # of copies requested: Gender of Registrant <input type="checkbox"/> M <input type="checkbox"/> F	Full Name at Birth: First Middle Last			
	Date of Birth	Is this person <input type="checkbox"/> NO deceased? <input type="checkbox"/> YES	Date of death: _____ State where death occurred: _____ Please provide copy of death certificate	
County of Birth		City of Birth		Your relationship to Registrant:
Full Name of Father: First Middle Last				
Full Name of Mother: First Middle Maiden Last Name				
Registrant 3 # of copies requested: Gender of Registrant <input type="checkbox"/> M <input type="checkbox"/> F	Full Name at Birth: First Middle Last			
	Date of Birth	Is this person <input type="checkbox"/> NO deceased? <input type="checkbox"/> YES	Date of death: _____ State where death occurred: _____ Please provide copy of death certificate	
County of Birth		City of Birth		Your relationship to Registrant:
Full Name of Father: First Middle Last				
Full Name of Mother: First Middle Maiden Last Name				

Office Use Only:

Registrant 1 DCN: _____
 Registrant 2 DCN: _____
 Registrant 3 DCN: _____

Cash: _____
 Debit: _____
 Check #: _____

First Copy	\$ _____	ID: _____
Add. Copy	\$ _____	Social Service: _____
SPU Fee	\$ _____	PICKUP or MAIL
Total	\$ _____	Registrar Init: _____