



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 X	Today's Date:		

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

Registrant(s) Information - Please Print Clearly

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

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 deceased? <input type="checkbox"/> NO <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 deceased? <input type="checkbox"/> NO <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 deceased? <input type="checkbox"/> NO <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 \$ _____
Add. Copy \$ _____
SPU Fee \$ _____
Total \$ _____

ID: _____
Social Service: _____
PICKUP or MAIL
Registrar Init: _____