

Lincoln County Registrar
Lincoln County Public Health
P.O. Box 125

For Office Use (please do not write in)	
DCN# _____	to _____
DCN# _____	

326 8th Street (Courthouse Annex Building)
Hugo, CO 80821-0125
Phone: (719)743-2526 Fax: (719)743-2482

COLORADO BIRTH CERTIFICATE REQUEST

Colorado has birth records for the entire state since 1910. Birth certificates are also available from the county office(s); for all county locations visit www.cdphe.state.co.us/countyoffices.pdf



Requirements: Please check all that apply

- This request must be completed in full
- Enclose a copy of a current driver's license, passport or State identification. (see reverse for approved ID's)
- Enclose appropriate fees
- Person requesting to receive a birth certificate must sign below
- Proof of Relationship is required. (Parents and Registrant excluded)
- Enclose a copy of the death certificate if the person is deceased.

Requestor Information:

Print name of person making request:	FIRST	MIDDLE	LAST	Email:		
Mailing Address:	City			State	Zip	Daytime Phone: ()
Physical Address:	City			State	Zip	Alt. Phone Number: ()
Relationship to Registrant (person named on certificate) * see reverse side	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other _____			
	<input type="checkbox"/> Parent	<input type="checkbox"/> Child				
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Stepchild				
	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Legal Guardian				
	<input type="checkbox"/> Sibling	<input type="checkbox"/> Legal Representative				
Reason for Request	<input type="checkbox"/> Newborn	<input type="checkbox"/> Records	<input type="checkbox"/> Insurance			
	<input type="checkbox"/> Travel/Passport	<input type="checkbox"/> School	<input type="checkbox"/> Other: _____			

Registrant Information:

Information about person whose birth certificate is being requested - Please type or print
*** if **ADOPTED**, provide information and see special service on other side. ***

Full Name at Birth: (First)			(Middle)			(Last)		
Date of Birth:	Month	Day	Year	Is this Person Deceased? <input type="checkbox"/> NO <input type="checkbox"/> YES		If YES, must provide a copy of Death Certificate		
Place of Birth: (City)			(County)			(State) COLORADO		
Full Name of Father: (First)			(Middle)			(Last)		
Full Name of Mother: (First) <small>Prior to 1st Marriage</small>			(Middle)			(Maiden Last Name) <small>Prior to 1st Marriage</small>		
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 request. 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 below, I have read and understand that there are penalties for obtaining a record under false pretenses.								
SIGN HERE PLEASE!						Today's Date:		

Ways to Order: Apply in person for same day service. Office hours 8-12, 1-4 M-F
Mail application with photocopy of ID, and check or money order.
Certificate will be mailed same day application is received.

Cost: \$17.75 for first copy, \$10 for each additional copy Number of copies: _____

****Make check or money order payable to: Lincoln County Public Health (sorry, no credit cards)****

*** Certified birth certificates may be issued to:**

(Please note that proof of relationship is required, if your name is not listed on the birth certificate (e.g. marriage certificates, birth certificates, court orders))

The registrant (person named on the certificate)	Spouse
Parents	Adult children
Grandparents	Legal guardian
Great Grandparents	Legal representative of any of the above must present proof of client relationship
Grandchild	
Stepparents	
Siblings	

For a complete list visit: www.cdphe.co.us/certs/birth%20eligibility.pdf

The Office of the State Registrar of Vital Records requires the following documentation:

<p style="text-align: center;">“Primary” List At least 1 of the following (not expired)</p> <ul style="list-style-type: none"> • Alien Registration Receipt/Permanent Resident Card • Certificate of U.S. Citizenship • City of Denver County Jail Inmate ID card • Colorado Department of Corrections ID card • CO Temporary Driver’s License (with hole-punched Driver’s License) • Department of Human Services Youth Corrections ID card • Employment Authorization Card (I-766) • Foreign Passport • Government Work ID • Job Corps ID • Photo Driver’s License • Photo ID Card (DMV) • School, University or College ID Card (must be current) • U.S. B1/B2 Visa card with I-94 • U.S. Certificate of Naturalization • U.S. Citizenship ID Card (I-197) • U.S. Military ID Card • U.S. Passport 	<p style="text-align: center;">“Secondary” List Or at least 2 of the following: (Any document expired more than six months will not be accepted)</p> <ul style="list-style-type: none"> • Acknowledgement of Paternity document (Colorado only) • Birth Certificate of Applicant (U.S. only) • Court order of adoption or name change • Craft or trade license (Colorado only) • DD-214 • Divorce Decree (U.S. only) • Hospital birth worksheet (ID for mothers - within 6 months of event) • Hunting or Fishing License (must be current - Colorado only) • IRS-TIN Card • Marriage license (U.S. only) • Medicare card • Merchant mariner card • Mexican voter registration card • Motor vehicle registration or title (must be current - U.S. only) • Pilot license • Selective Service Card (U.S. only) • Social Security Card • State or federal prison or corrections card • Tribal ID Card • Weapon or gun permit (U.S. only) • Work ID, Paycheck stub (within 3 months), or W-2 (last tax year) • Any Expired document from the “Primary” List (cannot be expired more than 6 months)
---	---

We are sorry, we cannot accept:

- Matricula Consular Card
- Medicaid
- Novelty ID Card
- Non-expiring Identification Cards
 - City or County Prison/Jail ID
 - Souvenir birth certificates
- Temporary Driver’s Licenses or Temporary State ID Card

NOTE: If you cannot provide acceptable identification, it is suggested that you ask a spouse, parent, grandparent, sibling, or adult child, who can provide appropriate

*****OPTION AVAILABLE FOR ADOPTIONS*****

Only an adoptive parent or adopted person is eligible for this special service. **ONLY** sign below if you wish the statement “ISSUED PURSUANT TO ADOPTION” to appear on the birth certificate which indicates this person is adopted.

Number of copies to be issued with “Issued pursuant to adoption” requested: _____

SIGN HERE PLEASE!

Signature of: Adopted person Adoptive parent
Relationship to registrant (Check one)