

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

## **Longmont Location**

**Greeley Location** 1555 North 17th Avenue, Greeley, CO 80631 Fax: 970-304-6412 Phone: 970-400-6430

4209 CR 24 1/2 Longmont, CO 80504 Phone: 970-400-6430 Fax: 970-304-6412

Hours: Monday – Friday 8:00am – 5:00pm

Hours: Wednesday 8:00am – 12:00pm &

www.weldhealth.org

1:00 pm - 4:00 pm

Public Health

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

### REQUIREMENTS

Application must be **completed in full**. NO WITE OUT. 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 self 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.

Pursuant to Colorado Revised Statues, 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).

#### APPLICANT INFORMATION (Please Print Legibly)

Name of Person	First			Middle		Last	
Making Request							
Mailing Address		Street			City	State	Zip Code
Relationship to person	Self Par	ent Grandp	parent	Steppar	ent Siblin	ng Spous	e Child
on certificate "I am the"	Stepchild	Stepchild Legal Guardian			Legal Representative		
Reason for Request	Newborn	ewborn Insurance Pa		port/Travel Records		School/Sports	5 Job
	State Driver's License/ID Othe		Other:				

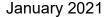
## **CERTIFICATE INFORMATION (Please Print Legibly)**

Provide name exactly as it appears on the birth record

TTO THE HAIR CHAC	il) as it appea	is on the o	min record.					
Full Name at Birth (or Legal Name)	First		Middle		I	Last	Suffix	
Date of Birth	Month	Day	Year	Gender Female	Male	Is this pers	on still liv	_
Place of Birth	City			County		State Colorado ONLY		
Full Name of Mother (or Parent A)	First		Middle		MAIDE	N NAME	Suffix	
Full Name of Father (or Parent B)	First Middle				Last Suffi.		Suffix	
By signing below, I have read a	and I understand	there are pe	enalties for obta	aining a record under fals	se pretenses.	Today's Date		
Number of Certified (Fee: \$20.00 for one c \$13.00 for each add	сору.		e record.			Phone Number		
Delivery	<b>Options for</b>	Mailed or	r Faxed in O	orders ONLY:			,	,
Regular Mail: no extra charge - no tracking				Please include payment information on page 3.				
	Priority Ma	ail: \$8.95 -	USPS tracking	g provided				_

#### FOR OFFICE USE ONLY

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





# **ID and Eligibility Requirements**

\*Certified certificates may be issued to:

(note: proof of relationship is required)

The registrant (person named on certificate)

Spouse

Parents/Step-parents Adult Children

Grandparents/Great Grandparents

Grandchildren Legal Guardian Siblings

Legal Representative of any above

For complete list, visit: www.colorado.gov/cdphe

### **ID REQUIREMENTS**

At least 1 of the following:	OR at least 2 of the following:			
(No expired documents accepted)	(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	Medicare Card			
foreign country's government - not state or province)				
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.





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Fax Orders: Provide credit card information below.

## Debit / Credit Card Information:

Card type:	Visa	MasterCard	Discover	(American Express NOT Accepted)
Card number:				
Expiration Date	e:/	Billing	g zip code:	
Cardholder nar	ne:			
Cardholder sig	nature: _			