



City and County of Broomfield
 Health and Human Services Department
 6 Garden Center
 Broomfield, CO 80020
 720-887-2270 FAX: 303-469-2110

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Please print all information

Incomplete information will result in rejection of this application

Information about person whose birth certificate is requested - please print

All order must be accompanied by legible photocopy of your Drivers License, State ID or Passport and payment.



How many copies do you want?	Search and First Copy \$17	Each Additional Copy \$10
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Full name at birth	First	Middle	Last (Maiden)
Date of birth	Month	Day	Year
	Is this person deceased?		If yes, date of death
Place of birth	City	County	State Colorado
Maiden name of mother	First	Middle	Maiden
Full name of father	First	Middle	Last
Reason for request			
By signing, I have read and understood that 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, or imprisonment in the county jail for more than one year or both such fine and imprisonment (CRS 25-2-118)			
Signature of person making request		How are you related to the r person on Birth Certificate Self ___ Parent ___ Spouse ___ Other ___ Specify	
Print Legal Name		Date:	Phone #
Address		City	State Zip

For Staff Use Only:
Certificate Number: _____ Date Issued: _____ Receipt #: _____ Type _____ Registrar: _____

A legible copy of the applicant's state issued ID or Drivers License
 must be attached before the order can be processed.