



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, as information must be entered into computer

Incomplete information will result in rejection of this application

Information about person whose birth certificate is requested - please print

Full name at birth	First	Middle Name		Last Name (Maiden Name)
Date of birth	Month	Day	Year	If yes, date of death
Place of birth	City	County	State Colorado	
Maiden name of mother	First	Middle Name	Maiden	
Full name of father	First	Middle Name	Last	
Reason for request	<input type="checkbox"/> ID/Drivers License <input type="checkbox"/> Travel/Passport <input type="checkbox"/> School <input type="checkbox"/> Medicaid <input type="checkbox"/> Newborn <input type="checkbox"/> Social Security <input type="checkbox"/> Social Services <input type="checkbox"/> Employment Other: (specify) _____			
How many copies do you want? _____ Search and/or First Copy \$17.75 Each Additional Copy \$10 A clean and clear copy of a valid state Drivers License or Identification Card must be provided on all mail orders 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 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: _____

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 As information must be entered into computer*

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