

**APPLICATION  
FOR CERTIFIED COPY OF BIRTH CERTIFICATE**

\$17.75 FOR FIRST COPY (or search of files when no record is found)  
\$10.00 for each additional copy of the same record ordered at the same time

**Identification is required to protect YOUR record.**

Date of Request: \_\_\_\_\_

\*DRIVER'S LICENSE OR SOCIAL SECURITY # (OF PERSON MAKING REQUEST): \_\_\_\_\_  
**(\*A copy of current driver's license is a requirement)**

FULL NAME OF CHILD AT BIRTH: \_\_\_\_\_  
(If adopted, please give new name)

Date of Birth \_\_\_/\_\_\_/\_\_\_ IS THIS PERSON DECEASED? YES \_\_\_ or NO \_\_\_  
If Yes, Date: \_\_\_/\_\_\_/\_\_\_: State where death occurred: \_\_\_\_\_  
Please provide certified copy of death certificate

PLACE OF BIRTH: \_\_\_\_\_ **Colorado**  
(City) (County) (State)

FULL NAME OF FATHER: \_\_\_\_\_  
(First) (Middle) (Last)

MAIDEN NAME OF MOTHER: \_\_\_\_\_  
(First) (Middle) (Last)

Reason for Request: \_\_\_\_\_

Signature of person making request: \_\_\_\_\_

Address of person making request: \_\_\_\_\_

Relationship to registrant (person named on certificate): \_\_\_\_\_

\* (Proof of relationship is required)

\*\*\*\*\*Penalty by law if any person alters, uses, attempts to use or furnishes to another  
For deceptive use or supplies false information for any vital statistics certificate.

ADDRESS: \_\_\_\_\_ (FOR MAILING PURPOSES ONLY)

Street - P.O. Box

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number

Please note: A \$19.00 fee will be charged for checks returned due to insufficient funds.  
(Colorado revised statues 24-30-202).

**Registrar  
City of Salida  
448 E. 1<sup>st</sup> St., Suite 112  
Salida, CO 81201**

**\*Certified copies of birth certificates may be issued to:**

Please note that proof of relationship is required: (e.g. marriage certificates, birth certificates, court orders)

The registrant (person named on the certificate)	
Parents	Adult children or grandchildren of the registrant
Grandparents	Stepchildren
Stepparents	Legal Guardian
Siblings	Legal representatives of any of the above must present proof of client relationship
Spouse	Genealogists representing family members with appropriate credentials