



City and County of Broomfield
 Central Records Office
 One Des Combes Dr
 Broomfield, CO 80020
 720-887-2270 FAX: 303-438-6252

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

Person Making Request's Legal Name		Date:	Phone #
Address		City	State Zip
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)		How are you related to the person on Birth Certificate Self ___ Parent ___ Spouse ___ Other _____ Specify _____	
Signature of person making 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)_____	
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	

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
Place of birth	City	County	State Colorado
Name of mother (maiden)	First	Middle Name	Maiden
Full name of father	First	Middle Name	Last

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

**Please insure all information on your certificate is correct before leaving.
 If you need to correct or exchange a certificate there will be additional charges.**