



# Application for Certified Copy of Birth Certificate

Cost: \$20 for first copy,  
\$13 each additional copy per registrant

District Headquarters - 700 Columbine Street, Sterling, CO 80751  
Phone (970) 522-3741 or 877-795-0646  
Fax (970) 522-1412

## Requestor Information - Please Print Clearly

First	Middle	Last	Reason for Request:	
Mailing Address	City	State	Zip	Daytime Phone: ( )
Physical Address	City	State	Zip	Alternate Phone or Email address ( )
Your Signature X				Today's Date:

**A copy of the requestor's state-issued drivers' license or identification card must be included with application.**

## Registrant(s) Information - Please Print Clearly

Information about person(s) whose birth certificate is being requested.

<b>Registrant 1</b>	Full Name at Birth: First Middle Last		
	Date of Birth	Is this person deceased? <input type="checkbox"/> NO <input type="checkbox"/> YES	Date of death: _____ State where death occurred: _____ Please provide copy of death certificate
	County of Birth	City of Birth	Your relationship to Registrant:
	Full Name of Father: First Middle Last		
	Full Name of Mother: First Middle Maiden Last Name		
# of copies requested:	Gender of Registrant <input type="checkbox"/> M <input type="checkbox"/> F		
<b>Registrant 2</b>	Full Name at Birth: First Middle Last		
	Date of Birth	Is this person deceased? <input type="checkbox"/> NO <input type="checkbox"/> YES	Date of death: _____ State where death occurred: _____ Please provide copy of death certificate
	County of Birth	City of Birth	Your relationship to Registrant:
	Full Name of Father: First Middle Last		
	Full Name of Mother: First Middle Maiden Last Name		
# of copies requested:	Gender of Registrant <input type="checkbox"/> M <input type="checkbox"/> F		
<b>Registrant 3</b>	Full Name at Birth: First Middle Last		
	Date of Birth	Is this person deceased? <input type="checkbox"/> NO <input type="checkbox"/> YES	Date of death: _____ State where death occurred: _____ Please provide copy of death certificate
	County of Birth	City of Birth	Your relationship to Registrant:
	Full Name of Father: First Middle Last		
	Full Name of Mother: First Middle Maiden Last Name		
# of copies requested:	Gender of Registrant <input type="checkbox"/> M <input type="checkbox"/> F		

### Office Use Only:

Registrant 1 DCN: _____	Cash: _____	First Copy \$ _____	ID: _____
Registrant 2 DCN: _____	Debit: _____	Add. Copy \$ _____	Social Service: _____
Registrant 3 DCN: _____	Check #: _____	SPU Fee \$ _____	PICKUP or MAIL
		Total \$ _____	Registrar Init: _____