

**FEES: \$25.00 FIRST COPY (OR SEARCH OF FILES WHEN NO RECORD FOUND)
\$20.00 FOR EACH ADDITIONAL COPY OF SAME RECORD AT TIME OF APPLICATION**

DELTA COUNTY CLERK

CASH OR CREDIT CARD 501 PALMER STREET, SUITE 211
DELTA, CO 81416
970-874-2150

APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

Information about person whose birth certificate is requested – *please type or print.*

Full name at Birth**	First		Middle	Last
Date of Birth	Month	Day	Year	Is this person deceased Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, date: ____/____/____ State where death occurred: _____ Please provide copy of death certificate
Place of Birth	City		County	State Colorado
Full Name of Mother	First		Middle	Last (Use Maiden Name)
Full name of Father	First		Middle	Last
Reason for request	<input type="checkbox"/> Employment <input type="checkbox"/> School <input type="checkbox"/> Public Benefits <input type="checkbox"/> Newborn <input type="checkbox"/> Housing <input type="checkbox"/> ID <input type="checkbox"/> Passport <input type="checkbox"/> Other: (Specify)			

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 \$1,000.00 or imprisonment in the county jail for not more than one year or both such fine and imprisonment. (CRS 25-2-118)

By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses. Effective 7/1/2003, all requests must be accompanied by a copy of the requestor's identification *** Please return your request with a copy of your driver license, state ID or passport.***				
Signature of person making request	Date	Relationship to registrant*	Driver License # & State of License	Expiration Date
Address	City	State	Zip	Daytime Phone ()

***** Include a photocopy of your driver license, state ID or passport. – You may need to provide additional documentation to show proof of relationship i.e. birth certificate, marriage license etc.**
****Same name is NOT proof of relationship. ****

**** If adopted, use adopted name*****

Print name and address of person to whom the certified copy is to be **mailed to**.

Number of copies ordered _____

Amount of order \$ _____

**CERTIFIED FUNDS ARE REQUIRED
WHEN REQUEST IS FROM OUT OF
COUNTY OR OUT OF STATE**

Relationship Acknowledgement

EXC _____

THANK YOU