



# Birth Certificate Request

**Las Animas | Huerfano Counties**  
DISTRICT HEALTH DEPARTMENT

**Las Animas County Health Department**  
412 Benedicta Ave.  
Trinidad, CO 81082  
www.la-h-health.colorado.gov  
Phone: (719) 846-2213  
Fax: (719) 846-4472

**Huerfano County Health Department**  
119 E. 5<sup>th</sup> Street  
Walsenburg, CO 81089  
Phone: (719) 738-2650  
Fax: (719) 738-2653

Colorado has birth records for the entire state since 1910.

✓ **Requirements: Please check all that apply...**

- This request must be completed in full.
- Enclose a copy of a current driver's license, passport or State identification. (See reverse side for complete list for primary and secondary ID's)
- Enclose appropriate fees
- Person requesting to receive a birth certificate must sign below.
- Proof of Relationship is required. (Parents and Registrant excluded)
- Enclose a copy of the death certificate if the person is deceased.



### Requestor Information:

<b>Print name of person making request:</b>	First	Middle	Last	Email:	
Mailing Address:	Apt #	City	State	Zip	Daytime Phone ( )
Physical Address:	Apt #	City	State	Zip	Alt. Phone Number ( )
<b>Relationship to Registrant (person named on certificate) *see reverse side</b>	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Stepparent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Legal guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other: _____				
<b>Reason for Request:</b>	<input type="checkbox"/> Newborn <input type="checkbox"/> Travel/Passport <input type="checkbox"/> Records <input type="checkbox"/> School <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____				

Information about person whose birth certificate is being requested – Please type or Print

### Registrant Information: \*\*\*If Adopted, Please apply with the State of Colorado. \*\*\*

<b>Full Name at Birth</b>	First	Middle	Last	
<b>Date of Birth</b>	Month	Day	Year	Is this Person Deceased? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, must provide a copy of the death certificate</b>
<b>Place of Birth</b>	City	County	<b>COLORADO STATE ONLY</b>	
<b>Full Name of Mother Prior to 1st marriage</b>	First	Middle	Maiden Last Name (prior to 1st marriage)	
<b>Full Name of Father</b>	First	Middle	Last	

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)

<b>By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses.</b>	Today's date
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### Ways to Order:

**\*\*Mail in application with check, money order, or credit card information. Make check or money order payable to Las Animas-Huerfano Counties Dist Health Dept. Please do not send cash. Certificate(s) mailed within one week.**

Apply in person or same day services: Monday – Friday 8:00am – 4:00pm.

**\*\*Credit Card Orders MAIL-IN REQUEST ONLY**

Card Type:  Visa  MasterCard  Discover  American Express

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Charges:

Cost of certificates:

**\$20.00 for one (or search when no record found)** \$ \_\_\_\_\_

**\$13.00 for each additional certificate of the same record ordered at the same time.....** \$ \_\_\_\_\_

**\$1.00 credit card convenience charge.....** \$ \_\_\_\_\_

### Please check your shipping method:

Regular Mail (\$2.00) ..... \$ \_\_\_\_\_

OR (Send self addressed stamped 8.5 X 11 envelope)

UPS – Overnight U.S. (\$45.00)..... \$ \_\_\_\_\_

FedEx 2Day – (\$10.00)..... \$ \_\_\_\_\_

Total ..... \$ \_\_\_\_\_

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

Please note that proof of relationship is required if your name is not listed on the birth certificate: (e.g. marriage certificates, birth certificates, court orders)

The registrant (person named on the certificate)  
Parents  
Current Spouse  
Adult children  
Stepparents  
Siblings

Legal guardian  
Legal representatives of any of the above must present proof of client relationship  
For complete list visit: <http://www.colorado.gov/cdphe/vitalrecords>

The Office of the State Registrar of Vital Statistics requires the following documentation:

**At least 1 of the following:  
(No expired documents accepted)**

**'Primary' List**

- Alien Registration Receipt/Permanent
- Resident Card
- Certificate of U.S. Citizenship
- City of Denver County Jail Inmate ID
- Colorado Department of Corrections ID card
- CO Temporary Driver's License (with hole-punched Driver's License)
- Department of Human Services Youth Corrections ID
- Employment Authorization Card (I-766)
- Foreign Passport
- Government Work ID
- Job Corps ID
- Photo Driver's License
- Photo ID Card (DMV)
- School, University or College ID Card (must be current)
- Temporary Resident Card
- U.S. B1/B2 Visa card with I-94
- U.S. Certificate of Naturalization
- U.S. Citizenship ID Card (I-197)
- U.S. Military ID Card
- U.S. Passport

**Or at least 2 of the following:  
(Any document expired more than six months will not be accepted)**

**'Secondary' List:**

- Acknowledgment of Paternity document (Colorado only)
- Birth Certificate of Applicant (U.S. only)
- Court order of adoption or name change
- Craft or trade license (Colorado only)
- DD-214
- Divorce Decree (U.S. only)
- Hospital birth worksheet (ID for mothers- within 6 months of event)
- Hunting or Fishing License (must be current-Colorado only)
- IRS-TIN card
- Marriage license (U.S. only)
- Medicare Card
- Merchant mariner card
- Mexican voter registration card
- Motor vehicle registration or title (must be current -U.S. only)
- Pilot license
- Selective Service Card (U.S. only)
- Social Security Card
- State or Federal Prison or Corrections Card
- Tribal ID Card
- Weapon or gun permit (U.S. only)
- Work ID, Paycheck Stub (within 3 months), or W-2 (last tax year)
- Any Expired document from the "Primary" List (cannot be expired more than 6 months)

**We are sorry, but we cannot accept:**

- Matricula Consular Card
- Novelty ID Card
- Non-expiring ID cards (unless issued within last 5 years)
- City or County Prison/Jail ID
- Souvenir/Hospital birth certificates
- Temporary Driver's Licenses or Temporary State ID Card
- Medicaid Card

If you cannot provide acceptable identification, it is suggested that you ask a spouse, parent, grandparent, sibling, or adult child, who can provide appropriate identification, to request the certificate. Proof of relationship is required, such as a birth certificate or marriage certificate.