



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) 846-4471

Huerfano County Health Department
119 E. 5th 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 ID, (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.

Vitals Office Use Only:

Date:

State File #: _____

Certificate #: _____

Relationship Verification #: _____

Receipt #: _____

Requestor Information: (Name of person making request)

Name:	First:	Middle:	Last:	
Email:	Daytime Phone:		Alt Phone:	
Mailing Address:	Street:	City:	State:	Zip Code:
Physical Address:	Street:	City:	State:	Zip Code:
Relationship to Registrant (person named on certificate.)	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other			
Reason for Request	<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 _____			

Registrant Information: (Information about the person whose birth certificate is being requested)

Full Name at Birth:	First:	Middle:	Last:	
Date of Birth:	Month	Day	Year	Is this person Deceased? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, must provide a copy of the death certificate
Place of Birth:	City	County	COLORADO STATE ONLY	
Full Name of Mother Prior to 1st marriage	First	Middle	Maiden Last Name (Prior to 1 st marriage)	
Full Name of Father	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)				
By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses.				Today's Date
<input type="checkbox"/> SIGN HERE 				

Ways to Order:

**Mail, Fax or secure email application with required ID and documentation to address above. Include check, money order, or credit card information. Make check payable to LAH Health Dept. Please do not send cash. Certificate(s) mailed within one week.

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

**** Credit Card Information: (Mail-In Requests)**

Card type: Visa MasterCard Discover

Cardholder Name: _____

Card Number: _____

Exp. Date: ____ / ____

Charges:

Cost of Certificate(s):	
for one (or for search when no record is found).....	(\$25.00) \$_____
for each additional copy of the same record ordered at the same time.....	(\$20.00) \$_____
Credit card processing fee (if applicable).....	(\$1.00) \$_____
Please check your shipping method (if shipping requested):	
<input type="checkbox"/> UPS (1 st Class mail).....	(\$2.00) \$_____
UPS NextDay Air.....	at cost (- \$45.00) \$_____
FedEx 2Day.....	(\$11.00) \$_____
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 certificate, birth certificates, court orders.)

- The registrant (person named on the birth certificate)
- Parents
- Current spouse
- Adult children
- Legal guardians
- Stepparents
- Siblings
- Legal representatives of any of the above (**must present proof of client relationship**)

For a complete list visit:
<http://www.colorado.gov/cdphe/vitalrecords>

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

At least 1 of the following primary documents:
(no expired documents accepted as primary)

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

'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.