



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

# Birth Certificate Request

**Las Animas County Health Department**  
412 Benedicta Ave.  
Trinidad, CO 81082  
[www.la-h-health.colorado.gov](http://www.la-h-health.colorado.gov)  
Phone: (719) 846-2213  
Fax: (719) 846-4471

**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 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)

|   |  |         |                  |
|---|--|---------|------------------|
| <b>Name:</b>  | First:   | Middle: | Last:            |
| <b>Email:</b>   | Daytime Phone:   |         | Alt Phone:       |
| <b>Mailing Address:</b>   | Street:  | City:   | State: Zip Code: |
| <b>Physical Address:</b>  | Street:  | City:   | State: Zip Code: |
| <b>Relationship to Registrant</b><br>(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<br><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<br><input type="checkbox"/> Other _____  |         |                  |

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

|  |   |         |  |
|--|---|---------|--|
| <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<br>If yes, must provide a copy of the death certificate |         |  |
| <b>Place of Birth:</b>   | City  | County  | <b>COLORADO STATE ONLY</b>                           |
| <b>Full Name of Mother</b><br>Prior to 1 <sup>st</sup> marriage  | First   | Middle  | Maiden Last Name (Prior to 1 <sup>st</sup> 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) |   |         |  |
| By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses.  |   |         | Today's Date   |
| <div style="background-color: red; color: white; padding: 5px; display: inline-block;">SIGN HERE</div>   |   |         |  |

### 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):  
☐ USPS (1<sup>st</sup> 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)

**‘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.