

Official Use Only Above This Line

Rio Grande/Saguache Counties

Rio Grande County Clerk & Recorder

Vital Records Section

P O Box 160, 965 Sixth Street, Del Norte, Colorado 81132

719-657-3334

Application for Certified Copy of Birth Certificate

REQUESTOR INFORMATION

| | | | | | |
|--|--|--------|--|-----|---------------------------|
| Person making request: First | | Middle | Last | | Reason for request: |
| Mailing Address: | | City | State | Zip | Daytime Phone Number: |
| Physical Address: | | City | State | Zip | Alternative Phone Number: |
| Pursuant to Colorado Revised Statutes, 1982, CRS 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. | | | | | |
| By signing below, I have read and understood that there are penalties for obtaining a record under false pretenses. All requests must be accompanied by a photocopy of the requestor's identification before processing. | | | | | |
| Signature of Person Making Request <i>Applications received without signatures cannot be processed</i> | | | Relationship to Registrant <i>(Person named on certificate)</i> | | Today's Date: |

REGISTRANT INFORMATION (please print)

| | | | | |
|----------------------------------|-------|--------|--|--|
| Full Name at Birth: First | | Middle | Last | |
| Date of Birth: Month | Day | Year | Is this Person Deceased? Yes ___ No ___ If yes, date __/__/____ State where death occurred: _____ <i>(A certified copy of death certificate may be required)</i> | |
| Place of Birth: | City | County | State COLORADO only | |
| Full Name of Father: | First | Middle | Last | |
| Full Name of Mother: | First | Middle | Last (Maiden-name prior to 1 st marriage) | |

PLEASE RETURN YOUR REQUEST WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE ID OR PASSPORT.

Make checks payable to "Vital Records".

Cost of certificates:
\$20.00 for first copy
\$13.00 for each additional copy of same record ordered at same time.

Certificates will be mailed via regular mail unless payment is received for other services. Please check one:

- Regular Mail - \$0.00
 Certified Mail - \$8.13
 Express Mail - \$28.75

_____ Certificates Ordered

_____ Amount Remitted