

**FEES: \$20.00 FIRST COPY (OR SEARCH OF FILES WHEN NO RECORD FOUND)  
\$13.00 FOR EACH ADDITIONAL COPY OF SAME RECORD AT TIME OF APPLICATION**

DELTA COUNTY CLERK  
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's license, state ID or passport.\*\*\***

Signature of person making request	Date	Relationship to registrant*	Drivers License # & State of License	Expiration Date
Address	City	State	Zip	Daytime Phone ( )

**\*\*\* Include a photocopy of your driver's license, state ID or passport. – You may need to provide additional documentation to show proof of relationship ie. 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.


Relationship Acknowledgement
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Number of copies ordered \_\_\_\_\_

Amount of order \$ \_\_\_\_\_

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

EXC \_\_\_\_\_

**THANK YOU**