

GARFIELD COUNTY CLERK & RECORDER

109 8TH STREET SUITE 200

GLENWOOD SPRINGS, CO 81601

(970) 384-3700 X 4

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Cost of Certificates Effective July 1, 2008

\$17.75 for the first copy

\$10.00 for each additional copy

Make Check Payable to: **Garfield County Clerk**

Number of Copies: _____

Mail _____

Pickup _____

Name of person making request _____ Reason for request _____

Mailing Address _____
 Street number or PO Box _____ City _____ State _____ Zip Code _____

Physical Address: _____
 Street number _____ City _____ State _____ Zip Code _____

Relationship to person named on the Certificate: _____ () _____
Please submit proof of relationship **Phone number** _____

Pursuant to Colorado Revised Statutes, 1982, 26-2-118 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 includes a fine of not more than \$1000.00 or one year in the County jail or both. (1982.crs 25-2-118)

PLEASE RETURN YOUR REQUEST WITH A COPY OF YOUR DRIVER'S LICENSE FRONT AND BACK, STATE ID, PASSPORT OR OTHER ACCEPTABLE ID.

By signing, I have read and understood that there are penalties for obtaining a record under false pretenses.

Signature: _____ Date: _____

Registrant Information

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? _____
 Please provide certified copy of death certificate

Gender: _____ Male _____ Female

Place of Birth: _____ **COLORADO**
 CITY COUNTY

Name of Father: _____
 First Name Middle Name Last Name

Date Of Birth _____ Place Of Birth _____

Name of Mother: _____
 First Name Middle Name MAIDEN LAST NAME

Date of Birth _____ Month - Day - Year _____ Place Of Birth _____

Check here if you are requesting a certificate for a stillbirth _____.

FOR OFFICE USE ONLY

DATE PRINTED: _____ NUMBER OF COPIES: _____

PAYMENT: _____ Cash _____ Check _____ C.C.

CREDIT CARD: _____ EXP. DATE: _____

CERTIFICATE NUMBER ISSUED: _____ ISSUED BY: _____