



### Colorado Birth Certificate Request

Montrose County Clerk and Recorder-Vital Statistics  
320 South 1<sup>st</sup> Street, Room 101, Montrose, CO 81401

**\*\*\$20.00 for first copy (or search of files even if no record found)\*\***  
**\*\*\$13.00 for each additional certificate of same record at same time\*\***  
**\*\*\$13.00 for exchange\*\***  
**\*\*Valid ID required\*\***  
**\*\*Proof of relationship required (if applicable)\*\***  
**\*\*\*Cash, Cashiers Check, Money Order, or Credit Card only\*\*\***

<b>Office Use Only</b>
DCN# _____
Initials: _____
Payment Type _____

#### Requestor Information:

(Print name of person making request)	First:	Middle:	Last:
Mailing Address:	City:	State:	Zip: Daytime phone ( )
What is your relationship to registrant: (submit proof if applicable)	<input type="checkbox"/> Self	<input type="checkbox"/> Child	<input type="checkbox"/> Parent
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Grandparent
Reason for Request: Other: _____	<input type="checkbox"/> ID License	<input type="checkbox"/> Social Security	<input type="checkbox"/> Insurance/Medicaid
	<input type="checkbox"/> School	<input type="checkbox"/> Passport/Travel	<input type="checkbox"/> Records
	<input type="checkbox"/> First Copy		

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

<b>Full Name at Birth:</b>	First:	Middle:	Last:
<b>Date of Birth:</b>	Month	Day	Year
	<b>City or County of Birth:</b>		
	<b>Is the Registrant Deceased?</b> Yes _____ No _____		
	**If yes, clerk must make sure system is flagged**		
<b>Full Name of Mother:</b>	First	Middle	Last (Maiden)
<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 by 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.	<b>Number of copies requested</b>	<b>Today's Date</b>

\*\*\*\*\*OFFICE USE ONLY BELOW THIS LINE\*\*\*\*\*

<b>List what type of ID used by requestor and expiration dates if applicable:</b> (primary list we only need one form/secondary list we need two: _____ _____ _____ _____	<b>Proof of relationship:</b> -If requestor is sibling you need a copy of their birth certificate to prove siblings have at least one same parent or you can verify this in the system if they were born in Colorado -If requestor is Grandparent you need their child's birth certificate (who is either the mother or father of the registrant) or verify in the system if born in Colorado Indicate type of ID used to prove relationship: _____ _____ _____ _____
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\*\*\*\*\*CREDIT CARD ORDERS\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

**Credit card orders:** \*\*\*\* (3.5% credit card convenience charge to be added) \*\*\*\*

Card Type:  VISA  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ CVV Security Code (on back of card) \_\_\_\_

Print Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

\*\*\*\*\*By signing you agree to pay all charges including the 3.5% credit card convenience fee\*\*\*\*\*

**\*\*Card information is only required for mail in requests and will be destroyed after processing\*\***