

PROWERS COUNTY OFFICE OF VITAL RECORDS
 1001 S MAIN ST. ROOM 246
 LAMAR, CO 81052
 PHONE: (719) 336-2606 FAX: 719-336-9763

FEES: \$20.00 FOR ONE COPY & \$13.00 FOR EACH ADDITIONAL COPY OF THE SAME RECORD ORDERED AT THE SAME TIME
 gharbert@prowerscounty.net

Application for Certified Copy of Birth Certificate

Applicant Information

Print name of person making request				Reason for request
Mailing Address	City	State	Zip	Daytime Phone
Physical Address	City	State	Zip	Alt. Phone Number
<small>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 required. 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)</small>				
PLEASE RETURN YOUR REQUEST WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE ID, OR PASSPORT				
By signing below, I have read and understood that there are penalties of obtaining a record under false pretense				Today's Date

What is your relationship to the person of birth record?

- | | |
|--|--|
| <input type="checkbox"/> Person named on the certificate
<input type="checkbox"/> Parent
<input type="checkbox"/> Grandparent
<input type="checkbox"/> Stepparent
<input type="checkbox"/> Sibling
<input type="checkbox"/> Spouse (proof of marriage required) | <input type="checkbox"/> Adult child or grandchild of the person
<input type="checkbox"/> Stepchild
<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Legal representative of any of the above
<input type="checkbox"/> Genealogist representing family members, with appropriate credentials |
|--|--|

Birth Record Information

Information about person whose birth certificate is being requested - please type or print. If adopted, provide adoptive information

Subjects First Name	Middle Name	Last Name on Birth Record
Subjects Date of Birth (mm/dd/yyyy)	Is this person deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: ____/____/____ State where death occurred: _____ <i>Please provide a certified copy of death certificate</i>	
City of Birth	County of Birth	State
COLORADO		
Father's First name	Father's Middle Name	Father's last Name
Mother's First name	Mother's Middle Name	Mother's Maiden Name

cash or money order only - no check or credit cards accepted

Official Use Only

Counter / Mail (Include shipping Method)
 Form of ID: _____
 ID Information: _____
 Number of Copies: _____
 Payment Amount: _____
 SF# _____
 SL# _____
 Issue by: _____ Special Fee: _____
 Previous issued copies: _____