



Public Health
Prevent. Promote. Protect.

Kiowa County Public Health Agency
P. O. Box 414
1309 Maine Street Eads, CO 81036
Phone: (719) 438-5782 Fax: (719) 438-2208

Fees: \$20.00 for one copy & \$13.00
for each additional copy of the
same record at the same time.
CASH OR MONEY ORDERS ONLY

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	
Pursuant to Colorado Revised Statutes, 1982, 25-2-118 and as defined by Colorado Board of Health Rules and Regulations, applicant must have 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, or imprisonment in the county jail for not more than one year or both such fine and imprisonment. (CRS 25-2-118) PLEASE RETURN YOUR REQUEST WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE ID, OR PASSPORT.					
SIGNATURE:				Today's Date:	
By signing, I have read and understood that there are penalties for obtaining a record under false pretenses.					

What is your relationship to person of birth record?

- | | |
|--|---|
| <input type="checkbox"/> Person named on Certificate | <input type="checkbox"/> Adult Child or grandchild of the person |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Stepchild |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Stepparent | <input type="checkbox"/> Legal Representative of any of the above |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Genealogist representing family members, with appropriate credentials. |
| <input type="checkbox"/> Spouse (Proof of Marriage required) | |

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: _____ Please Provide a certified copy of death certificate.		
Place of Birth	City	County	State CO
Father's First Name	Father's Middle Name	Father's Last Name	
Mother's First Name	Mother's Middle Name	Mother's Maiden Name	

Identification and Proof Of relationship is required

Office Use Only

Counter/Mail

Form of ID: _____

ID Information: _____

Number of Copies: _____ Payment Amount: _____

SF# _____

SL# _____

ID Copied: _____ Issued By: _____

Staff Initials Staff Initials

Spec. Fee: _____ Previous Issued copies: _____