



320 South Main Street \* Yuma, CO 80759

Phone 970.848.3878 \* Fax 970.360.7767

## APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Colorado has birth records for the entire state since 1910. The City of Yuma can issue certified copies of births occurring anywhere in the State of Colorado from 1910 to present.

Please fill out the information below for the person whose birth certificate is requested – please type or print. If adopted, use adopted name. **The person requesting the certificate must provide a copy of their driver's license or other acceptable identification before the certificate(s) will be issued. Proof of relationship may be required if necessary.**

Full name at birth	_____	_____	_____	_____
	First	Middle	Last	
Date of Birth	_____	_____	_____	Is this person deceased?
	Month	Day	Year	Yes No
Place of Birth	_____	_____	_____	Colorado State
	City	County		
Full name of Father	_____	_____	_____	
	First	Middle	Last	
Name of Mother	_____	_____	_____	
	First	Middle	Last (MAIDEN)	
Reason for request	_____			
Number of copies requested	_____			

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 understood that there are penalties for obtaining a record under false pretenses.**

Signature of person making request \_\_\_\_\_

Relationship to registrant\* \_\_\_\_\_  
\*See other side Date of request \_\_\_\_\_

Please return this form along with a check or money order made payable to the City of Yuma to the above address.

**Charges:** **\$25.00 for first copy**  
**\$20.00 for each additional copy of the same record ordered at the same time**

Print name and address of person to whom the certified copy is to be mailed to or issued to over the counter:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

### Office Use Only

Certificate Numbers \_\_\_\_\_

Date Issued \_\_\_\_\_

**\*Certified copies of birth certificates may be issued to:**

The registrant (person named on the certificate)

Parent / co-parent

Stepparent

Step-children

Siblings / half siblings

Children

Current Spouse

Ex-spouse

Legal guardian

Legal representatives / paralegals

Genealogists

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