



# Application for Certified Copy of Birth Certificate

**REQUESTOR INFORMATION (Please Print)**

Requestor Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Drivers License#\_\_\_\_\_ State of License \_\_\_\_\_ Exp Date \_\_\_\_\_

Relationship to registrant  Self  Parent  Grandparent  Step-parent  Sibling  Spouse  Child  Step-child  
 Legal Guardian  Legal Representative  Other \_\_\_\_\_

**By signing below, I have read and understood that there are penalties for obtaining a record under false pretenses. Effective 7/1/2003, all requests must be accompanied by a copy of the requestor's identification before processing. Please return your request with a copy of your driver's license, state ID or passport.**

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

**REGISTRANT INFORMATION (Please print)**

Person listed on birth certificate. IF ADOPTED, provide adoptive information.

Full name at birth \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Colorado  
City \_\_\_\_\_ County \_\_\_\_\_

Is this person deceased?  Yes State where death occurred: \_\_\_\_\_ Date \_\_\_\_\_  
 No Month / Day /Year \_\_\_\_\_

Full name of father \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden name of mother \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last Name Prior to First Marriage \_\_\_\_\_

Reason for request  Newborn  Travel/Passport  Records  School  Insurance Other \_\_\_\_\_

**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)**

**Charges:** Make check or money order payable to **City of Wray**.  
\$25.00 for first copy (or search of files when no record is found)  
\$20.00 for each additional copy of the same record ordered at the same time

Number of Copies \_\_\_\_\_ Cost of Certificates \$ \_\_\_\_\_  Cash  
 Check # \_\_\_\_\_  
Total charge \$ \_\_\_\_\_  Money Order # \_\_\_\_\_

Certificates will be  Picked up  Mailed

Please note that copies of birth certificates may only be released or mailed to the Requestor.