Colorado Department of Public Health and Environment
Vital Records Section
Contact Preference Form

www.cdphe.state.co.us

Effective 10-01-2003, State Law requires all requests to be accompanied by a **photocopy of your driver's license, state ID or passport.**

Send a $20 non-refundable processing fee payable to Vital Records, photocopy of ID and this form to the Closed Records Coordinator, Health Statistics and Vital Records, HSVR-VR-A1, 4300 Cherry Creek Drive South, Denver, CO 80246-1530. Retain a copy for your records. Your form will be processed within 10 working days or as soon as possible. Birthparents can change his or her contact preference form by notifying the Closed Records Coordinator in writing at any time.

Information To Be Completed By Birth Mother or Birth Father—PLEASE PRINT

Please indicate your status: ○ birth mother ○ birth father

Name of child on original birth certificate _____
(First) (Middle) (Last)

Child's complete date of birth _____ Child's place of birth _____, Colorado
(Month/day/year) (City/county)

Gender: ☐ Male ☐ Female

Birth Mother's complete name as it appears on the original birth certificate, include maiden name and any alias names used at the time of birth or at the time of relinquishment

_____

Birth Father's complete name as it appears on the original birth certificate, include any alias names used at the time of birth or at the time of relinquishment

_____

Check all that apply:

I prefer contact by the adult adoptee☐, an adult descendant of the adoptee☐, or a legal representative of the adult adoptee or descendant ☐.

I would prefer to be contacted through a confidential intermediary ☐.

I would prefer to be contacted through a child placement agency ☐.

I do not prefer future contact by the adult adoptee ☐, or adult descendant of the adoptee☐, or a legal representative of the adult adoptee or descendant ☐.

Effective 01-01-2007, I authorize the release of the original birth certificate to any eligible party ☐.

I do not authorize the release of the original birth certificate ☐.

If you have authorized contact, please provide a preferred method: ☐mail ☐email _____
☐ phone ☐other _____

If we have any questions about your responses on this form or need additional information, may we contact you by phone? ☐ Yes ☐ No. If yes, please list a daytime phone number: _____-_____-_____.

Current Legal Name_____

Mailing Address _____

City_____State_____Zip code_____

Signature_____Date_____

HB05 1287 11/05

For office use only: Birth parent's current name _____ Adoptee's name _____ Adoptee's birth name _____

Colorado Department of Public Health and Environment
Vital Records Section
Closed Records Coordinator
4300 Cherry Creek Drive South
Denver, CO 80246-1530
www.cdphe.state.co.us
(303) 692-2188

MEDICAL HISTORY STATEMENT

(This form can be submitted no more frequently than every 3 years unless there is a significant change in medical history)

BIRTH PARENT INFORMATION Birth mother ☐ Birth father ☐

Example of medical history- allergies, asthma, diabetes, migraine headaches, eye disorders, hypertension, heart problems, depression, epilepsy, stroke, thyroid.

List any hereditary diseases, childhood diseases, allergies, adult diseases, and history of cancer, congenital impairments or other significant illnesses:

Blood type:

.

Significant medical information about biological relatives and state their relationship:

I hereby waive confidentiality of any medical information supplied in this statement with respect to the adoptee, an adult descendent of an adoptee or legal representative of such person and to the State Registrar and his or her designees.

Signature of birth parent_____Date_____

_____
(Please print full name)

For office use only: Adoptee's current name _____ Adoptive name _____ Adoptee's date of birth __/__/__ Adoptee's birth ame _____