



Colorado Department of Public Health and Environment

Affidavit of Relationship

I, _____ declare that I am related to _____
 (name) (adoptee's current legal name)
 as his/her _____, and I have the notarized consent of the adoptee, the birth mother
 (relationship)
 and the birth father (if identified on the original certificate) to receive a copy of the adoptee's original Colorado
 birth certificate. I affirm that the above is true and I am eligible to receive the original birth certificate, per
 Colorado Revised Statute §19-5-305. I release the Colorado Department of Public Health and Environment,
 Vital Records Section, from any liability resulting from this request.

Signature _____	Subscribed and sworn to before me this _____ day of
Typed or Printed Name _____	_____ 20 _____
Address _____	_____ Notary Public
City _____	My commission expires _____
State _____ Zip _____	In the County of _____
	State of _____

This affidavit must be submitted with the [consent form](#) to release an original birth certificate from a sealed file if you are not the adult adoptee or birth parent.

The following parties are eligible to receive a certified copy of an adoptee's (18 years of age or older) original birth certificate, per Colorado Revised Statute §19-5-305.

- adoptee's biological parent
- adoptee's adoptive parent or grandparent
- biological grandparent of the adoptee
- adult biological sibling or half-sibling
- adult descendant of the adoptee or adoptive parent
- legal guardian of an adoptee
- spouse of an adoptee
- adult stepchild of an adoptee
- legal representative of any such individual through the appointment of a [Confidential Intermediary](#)*

*Confidential Intermediary is a person 21 years of age or older who has completed training that meets the standards set forth by the commission pursuant to section 19-5-303 and who is authorized to inspect confidential relinquishment and adoption records at the request of an adult adoptee, adoptive parent, biological parent, or biological sibling.