

Colorado Department of Public Health and Environment
Mail to -- Vital Records Section HSVR-VR-A1
CLOSED RECORDS SPECIALIST
4300 Cherry Creek Drive South, Denver CO 80246-1530
(303) 692-2188
www.cdphe.state.co.us/certs/adoption.html

**Application to Open Sealed Adoption File to Release Original Birth Certificate
FOR ADOPTIONS FINALIZED SEPTEMBER 1, 1999 TO PRESENT**

* Eligible parties: adult adoptee, an adoptive parent of a minor adoptee, a custodial grandparent of a minor adoptee, or the legal representative of any such individual, an adoptee's adoptive grandparent or by an adult descendant of an adult adoptee or the adoptive parent *with the notarized written consent of the adult adoptee or the minor adoptee's adoptive parent*. Adult sibling of an adult adoptee, an adoptee's spouse, or the legal representative of any such individual *upon notarized written consent of the adult adoptee*.

Notarized signature may be required, see reverse side.

(* Eligible Requestor's Current Information. **Attach a photo copy of your driver license.**

Print name: First _____ Middle _____ Last _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone () _____

Physical Address, if different from above:

City: _____ State: _____ Zip: _____ Alt Phone Number () _____

If requestor is the adult adoptee or minor adoptee's adoptive parent, this form does not need to be notarized. Other eligible parties see reverse side.

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, I have read and understood that there are penalties for obtaining a record under false pretenses.

*Signature of eligible party _____ **Attach a photo copy of your driver license.**

Information about person whose original birth certificate is being requested—please type or print.

Provide Full Name After Adoption.

First _____ Middle _____ Last _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth: City _____ County _____ State: Colorado ONLY

Full Name of Adoptive Father: _____

Full **MAIDEN** Name of Adoptive Mother: _____

If the adoptee or the minor adoptee's adoptive parent is the requestor, this form does not need to be notarized.

Signature of the adult adoptee or minor adoptee's adoptive parent giving consent to release his/her original birth certificate from a sealed adoption file.

_____ Attach a photo copy of your driver license.

SUBSCRIBED AND SWORN TO BEFORE ME ON _____
(Month Day Year)

(Seal)

MY COMMISSION EXPIRES _____
(Month Day Year)

NOTARY PUBLIC

See front of page for eligible parties.

Please return your request with fee and affix below, a photocopy of your driver license, state ID or passport. To review the full list of primary and secondary identification, please visit www.cdph.state.co.us/certs

Ways to Order— attach a photo copy of your driver license. FEE IS NON REFUNDABLE

Processing time is 30 days from receipt on all requests

Apply in person. Office hours are from 8:30 a.m. to 4:30 p.m., Monday-Friday.

Order certificate online at www.cdph.state.co.us/certs

Fax your application with credit card information. Within continental U.S. fax 1-866-559-9636; outside continental, U.S. fax 1-303-691-9307. There will be a **\$9.00 convenience charge added for all credit card orders.

Mail in application with check or money order, make check payable to Vital Records. Please do not send cash.

**Credit Card Orders. There will be a \$9.00 convenience charge added.

Card Type: Visa MasterCard Discover American Express

\$37.75-cost includes one certified copy of the original birth certificate and plain copies of all all other documents from a sealed file.

Cardholder Name: _____

Card Number: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Exp. Date: ____/____

FEE IS NON REFUNDABLE

Affix a copy of your Id here.

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