



## APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Room 111 County Courthouse  
Attn: Vital Records  
13 W Third Street, La Junta, CO 81050  
Telephone: (719) 383-3040

FEE - - \$20.00 FOR FIRST COPY - \$13.00 FOR ADDITIONAL COPIES

### DEPARTMENT OF HEALTH

REQUESTS BY MAIL: ENCLOSE PAYMENT (CHECK OR MONEY ORDER MADE PAYABLE TO "OTERO COUNTY HEALTH DEPARTMENT")  
A SELF-ADDRESSED, STAMPED ENVELOPE WITH SUFFICIENT POSTAGE ATTACHED; AND APPROPRIATE COPY OF YOUR CURRENT, VALID IDENTIFICATION.

Date: \_\_\_\_\_

FULL NAME AT BIRTH: \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

GENDER: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FULL MAIDEN NAME OF MOTHER: \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

FULL NAME OF FATHER: \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

IS THIS PERSON DECEASED: \_\_\_\_\_ REASON FOR REQUESTING COPY: \_\_\_\_\_

NUMBER OF COPIES: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

These records are confidential -  
Please state your relationship.

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PENALTY BY LAW IF ANY PERSON ALTERS, USES, ATTEMPTS TO USE OR FURNISHES TO ANOTHER FOR DECEPTIVE USE OR SUPPLIES FALSE INFORMATION FOR ANY VITAL RECORD.

**If you are requesting vital statistic record(s) by mail request, please read this FIRST**  
**Mail request terms and conditions**

- ✓ Please ensure all fields on the application are complete and accurate and that adequate, appropriate proof of your identity (and relationship to registrant) is included. Please write clearly and legibly. Incomplete, illegible, and/or missing information on the application may delay issuance or issuance may be denied;
- ✓ The requestor is solely responsible for all postage. Please include a self-addressed, stamped envelope with adequate postage. Special delivery options (registered mail, return receipt, etc.) are the sole responsibility of the requestor. Inadequate postage will delay issuance;
- ✓ Please ensure that the address on the application matches the address on the self-addressed, stamped envelope. This must be done because we can only issue to an appropriate requestor;
- ✓ The requestor agrees to assume all risks associated with the delivery of documents through any carrier (USPS, UPS-, Fed Ex, etc.), such risks including, but not limited to, the following: Lost mail, delivery to wrong address, delayed delivery, etc.;
- ✓ The Otero County Health Department (OCHD) is not responsible in any way for vital record(s) after they have been given to the carrier. If the carrier fails to deliver the document, OCHD will not issue a refund nor free replacement;
- ✓ By submitting an application for vital record(s) as described above, the requestor acknowledges that they have read, understand, and agree to the aforementioned terms and conditions.