



# State of Colorado Birth Certificate Worksheet

This information will be used to create your child's birth certificate. All information below must be complete and accurate. If you have questions or are unsure of any information, please leave that space blank and ask the hospital staff member who collects this form for assistance.

<b>PLEASE PRINT CLEARLY</b>				<b>INFANT</b>			
Child's full name:		First	Middle	Last	Suffix		
Do you wish for a Social Security number to be issued to the child? Yes <input type="checkbox"/> No <input type="checkbox"/>							
(There is no charge for this service.)							

<b>MOTHER</b>							
Mother's current full name:		First	Middle	Last Name			
Mother's full name before 1st marriage (maiden):		First	Middle	Last Name (maiden)			
Mother's date of birth:			Mother's birthplace:		State, or country if not U.S.A.		If born outside the U. S., how long lived in U.S.? <input type="checkbox"/> Years <input type="checkbox"/> Months
Mother's current residence:		Street address - not a P.O. Box Apt.#		City		Inside city limits?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
County	State (if Canada, list Province)	Zip	Mailing address if different from above address				

Mother's Social Security number: _____							
<b>MOTHER'S EDUCATION</b> (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		<b>MOTHER OF HISPANIC ORIGIN?</b> (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina.) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____		<b>MOTHER'S RACE</b> (Check one or more races to indicate what the mother considers herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify) _____			
Yearly household income: <input type="checkbox"/> less than \$15,000 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$34,999 <input type="checkbox"/> \$35,000-\$49,999 <input type="checkbox"/> \$50,000-\$74,000 <input type="checkbox"/> \$75,000+							
Marital status: <input type="checkbox"/> Married but separated <input type="checkbox"/> Divorced (date: / / ) <input type="checkbox"/> Never married <input type="checkbox"/> Married (includes common-law) <input type="checkbox"/> Widowed (date: / / )							
(If mother is not married or, married, but not to the child's father, an Acknowledgement of Paternity form must be completed to add the father to the birth certificate. Please see the hospital staff member who collects this form for assistance.)							

<b>FATHER</b>							
Father's full name:		First	Middle	Last name	Suffix		
Father's date of birth:			Father's birthplace:		State, or country if not U.S.A.		If born outside the U. S., how long lived in U.S.? <input type="checkbox"/> Years <input type="checkbox"/> Months
Father's Social Security number: _____							
<b>FATHER'S EDUCATION</b> (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		<b>FATHER OF HISPANIC ORIGIN?</b> (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		<b>FATHER'S RACE</b> (Check one or more races to indicate what the father considers himself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify) _____			

I certify that the above information is accurate to the best of my knowledge. In the event an error is made on this birth certificate by the hospital or registered midwife during the registration process, I authorize the hospital or registered midwife to act on my behalf as my legal representative to correct the error.

Informant signature	Date	Mother's phone number: / /
Informant relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ (Please specify)		

# STATE OF COLORADO VOLUNTARY ACKNOWLEDGMENT OF PATERNITY

State File Number: \_\_\_\_\_

AOP #: \_\_\_\_\_

This is a legal document which will be used to add the father's information to the child's certificate of birth. The information must be printed clearly and in black ink. Crossouts and/or white out are not acceptable. Please read the reverse of this document for the legal advisement and further information.

**INSTRUCTIONS**

1. If the mother was not married at the time of conception or birth or anytime in between, the mother and natural father must complete Sections A, B, and C.
2. If the mother was married at the time of conception or birth or anytime in between, and the husband is not the natural father, the mother and natural father must complete Sections A, B, and C and the mother and husband or ex-husband must complete Section D.
3. If the mother was married at the time of conception or birth or anytime in between, and is refusing to list a father, the mother must complete Sections A & B. In Section D, write "refused" across the (x) husband's area.

### CHILD

<b>Section A</b>	First Name(s) at birth		Middle Name(s)		Last Name(s) (Name on Birth Certificate)		Title (Jr., III, etc.)
	Gender	Date of Birth: mm/dd/yyyy	Facility of Birth		City of birth	County of birth	State of birth CO
	We agree the child's name shall now be shown on the birth certificate as		First Name(s)		Middle Name(s)	Last Name(s)	

### MOTHER

<b>Section B</b>	▼ <i>Mother's full name before 1st marriage (maiden)</i>					
	First Name(s)		Middle Name(s)		Last Name(s) prior to first marriage (Maiden)	
	Street Address		City	County	State	Zip Code
	Date of Birth: mm/dd/yyyy	State or Nation of Birth	Daytime Telephone Number		Social Security Number	
<p>I have been provided with written and oral advisements of my rights and responsibilities. I freely sign this Acknowledgment of Paternity. I understand this Acknowledgment of Paternity will be a legal finding of paternity in 60 days or when a legal action concerning the child and me is filed, whichever comes first.</p> <p>Signature of Mother: <b>X</b> <span style="float: right;">Date: _____</span></p>						
<b>WITNESS</b>						
Signature of Witness: <b>X</b> <span style="float: right;">Name of Witness (please print): _____ Date: _____</span>						

### FATHER

<b>Section C</b>	First Name(s)		Middle Name(s)		Last Name(s)		Title (Jr., III, etc.)
	Street Address		City	County	State	Zip Code	
	Date of Birth: mm/dd/yyyy	State or Nation of Birth	Daytime Telephone Number		Social Security Number		
	Education (highest grade)	Race	Hispanic Origin? (if yes, specify)				
<p>I acknowledge that I am the natural father of the child identified above. I request that my name be entered on the birth certificate as father of this child.</p> <p>I have been provided with written and oral advisements of my rights and responsibilities. I freely sign this Acknowledgment of Paternity. I understand this Acknowledgment of Paternity will be a legal finding of paternity in 60 days or when a legal action concerning the child and me is filed, whichever comes first.</p> <p>Signature of Father: <b>X</b> <span style="float: right;">Date: _____</span></p>							
<b>WITNESS</b>							
Signature of Witness: <b>X</b> <span style="float: right;">Name of Witness (please print): _____ Date: _____</span>							

### HUSBAND OR EX-HUSBAND

<b>Section D</b>	I acknowledge that I was married to the mother identified above at the time of conception or birth or anytime in between of the child identified above, and I am NOT the natural father of this child.					
	Signature of Husband or Ex-husband: <b>X</b>		Print Name:		Date:	
	<b>WITNESS</b>					
	Signature of Witness: <b>X</b>		Name of Witness (please print):		Date:	
<b>MOTHER</b>						
I acknowledge that I was married to the man named above at the time of conception or birth or anytime in between of the child named above; however, he is NOT the natural father of this child.						
Signature of Mother: <b>X</b>		Date:				
<b>WITNESS</b>						
Signature of Witness: <b>X</b>		Name of Witness (please print):		Date:		

## Advisement to Unmarried Parents

If the mother and father of the child are not married it is important for the parents to acknowledge paternity of the child. The following is information about acknowledging paternity and the rights and responsibilities that are connected to acknowledging paternity.

When the Acknowledgment of Paternity is signed, the mother and father are agreeing that they are aware of the following:

- The mother and father have signed the Acknowledgment of Paternity of their own free will.
- The mother and father understand that acknowledging paternity means they are saying they are the mother and the father of the named child for all purposes.
- The Acknowledgment of Paternity establishes a legal parent/child relationship.
- The Acknowledgment of Paternity may be used in any legal actions about the child.
- The mother and father know they may have to pay financial and medical support for the child.
- After signing the Acknowledgment of Paternity, the father's name will be put on the child's birth certificate.
- The Acknowledgment of Paternity does not give either the mother or the father custody or visitation rights. They will have to go to court for these and other rights or responsibilities to be decided.
- The mother and/or the father may choose not to acknowledge paternity.
- The mother and/or the father have the right to talk to an attorney, have an attorney represent them, have genetic tests done, ask the court to decide on paternity and/or acknowledge paternity later. The mother and/or the father have the right to know about any court hearing on paternity and may take witnesses to court and cross examine witnesses.
- The mother and/or the father may change their mind about acknowledging paternity after signing this form. Under Colorado law, the Acknowledgment of Paternity will be a legal finding of paternity within sixty days after the mother and father sign it. If either the mother or the father changes their mind, they must contact their county Child Support Enforcement office or a private attorney or the court within 60 days after signing it or before any legal action is taken with the child and the parent(s), whichever is first. Genetic tests for paternity may be done and the mother or the father may have to pay for the genetic tests.
- The rights and responsibilities connected to acknowledging paternity are recorded and may be heard on the telephone numbers below:

Telephone Number for Calls Within the Denver-Metro Area: 303 894-2088  
Toll-free Telephone Number for Calls Outside of the Denver-Metro Area: 1-888-839-3494  
Available 24 hours per day, 7 days per week

- There is no charge to you for processing this form if it is completed at the hospital with the original Certificate of Live Birth. Leave this form with the hospital staff or midwife who will submit it to the Colorado Vital Records Section for you.
- If this form is completed after the deadline for completing the Certificate of Live Birth, take or mail this form for approval to the Colorado Modification Section at the address below. There is a \$20.00 charge to add the father's name to the birth certificate. If you want a copy of the birth certificate with the father's name added, the fees are \$17.75 for the first copy and \$10.00 for each additional copy of the same record ordered at the same time. Return this witnessed form along with the fee, a copy of the requesting parent's acceptable form of ID and a long self-addressed stamped envelope to the address listed below.

### Advisement to Hospital

Colorado Statute § 25-2-112 Section 9.2 states that if the mother was not married at the time of conception or birth the name of the father shall be entered if the mother and the person to be named as the father so request in writing on a form prescribed and furnished by the State Registrar - Acknowledgment of Paternity.

This is a legal document which will be used to add the father's information to the child's birth certificate. The information must be printed clearly and in black ink. Crossouts and/or white out are not acceptable.

### Mother Refusing to List Husband

If the mother was married at the time of conception or birth, or any time in between, and is refusing to list a father, the mother must complete Section A & B. In Section D, write "refused" across the (ex) husband's area. If mother is not present to sign, the registrar may sign Section D.

Please return this witnessed form to the Colorado Vital Records at the address listed below:

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT  
Modification Unit - Paternity - HSYR-VR-A1  
4300 Cherry Creek Dr South  
Denver, CO 80246-1530  
303 692-2230

Section for the witness is mandatory.

PLEASE BE ADVISED THAT THERE ARE PENALTIES INCLUDING THOSE PURSUANT TO  
C.R.S. 18-5-114  
FOR FALSELY WITNESSING THIS DOCUMENT