



Shawn Davis, Chair
Bebe Kleinman, Vice Chair
Kristine Burrows
Dr. Mark Levine
Terrence Walker
Michelle Weinraub
Mark Mcmillan

Arapahoe County

Arapahoe County Board of Health

Agenda

Wednesday, September 17, 2025
2:00 PM

Arapahoe Board Room

Informal Session

*The Board of Health agenda and materials can be viewed online at
<https://arapahoe.legistar.com/Calendar>*

1 EXECUTIVE SESSION AND COUNTY ATTORNEY LEGAL MEETING

As required by law, specific agenda topics will be announced in open meeting prior to the commencement of the closed and confidential portion of this session. C.R.S. § 24-6-402(4)

2 STUDY SESSION

The purpose of this session is informal relationship building among Board of Health directors and ACPH staff. Topics discussed during this session are only conversational and no decisions will be made at this time. Topics during this session may include:

2.a. Public Health Staff Presentation

Vital Records Staff Presentation

[25-518](#)

Attachments: [Vital Records Deep Dive Presentation- Sept 2025](#)

2.b. Budget Impacts on Programs - Discussion

Arapahoe County is committed to making its public meetings accessible to persons with all abilities. Please contact the Board of Health Liaison (hbanks@arapahoegov.com) at least three (3) days prior to a meeting, should you require special accommodations.



Arapahoe County

5334 South Prince Street
Littleton, CO 80120
303-795-4630
Relay Colorado 711

Board Summary Report

File #: 25-518

Agenda Date: 9/17/2025

Agenda #:

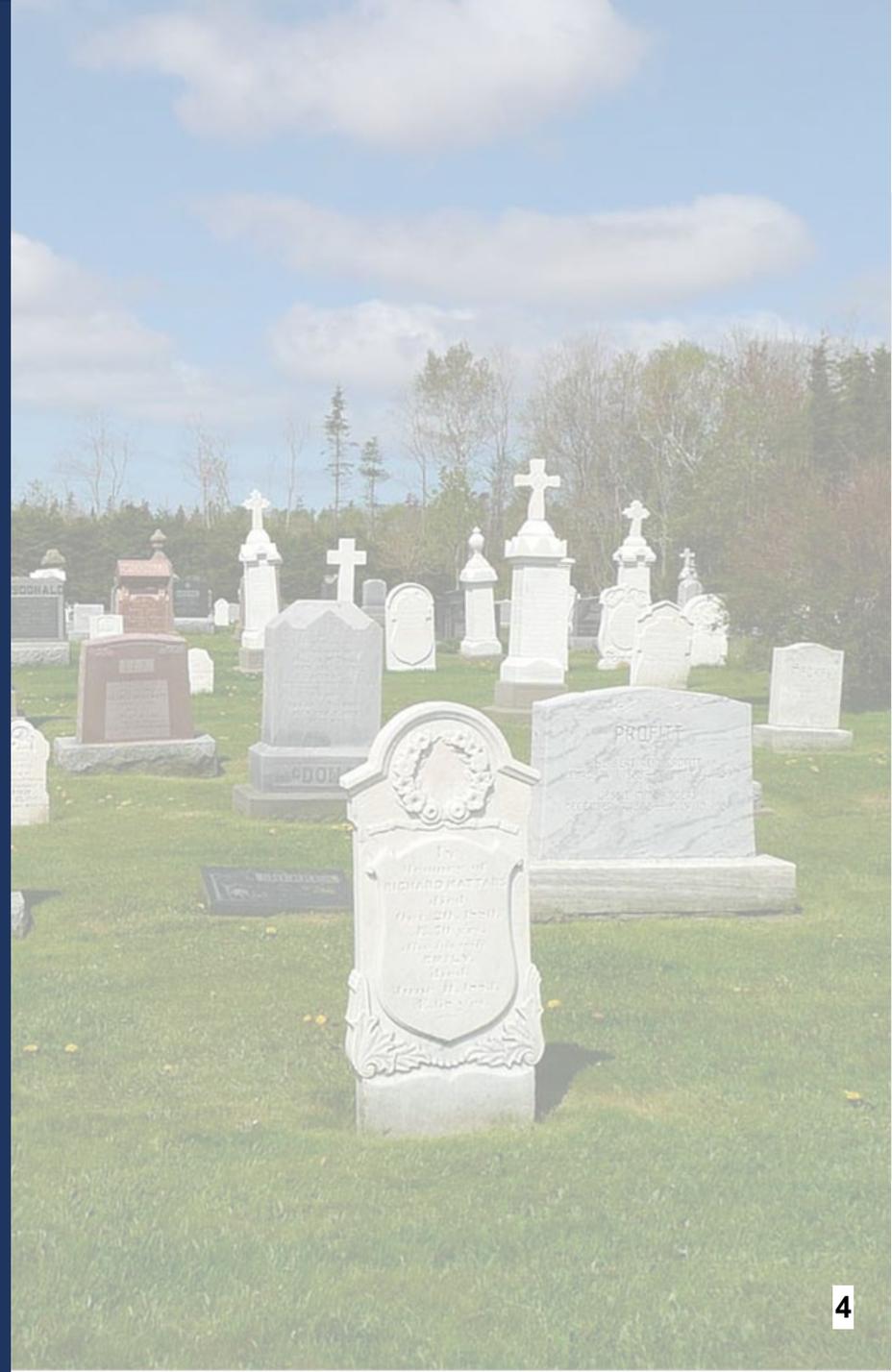


ARAPAHOE COUNTY

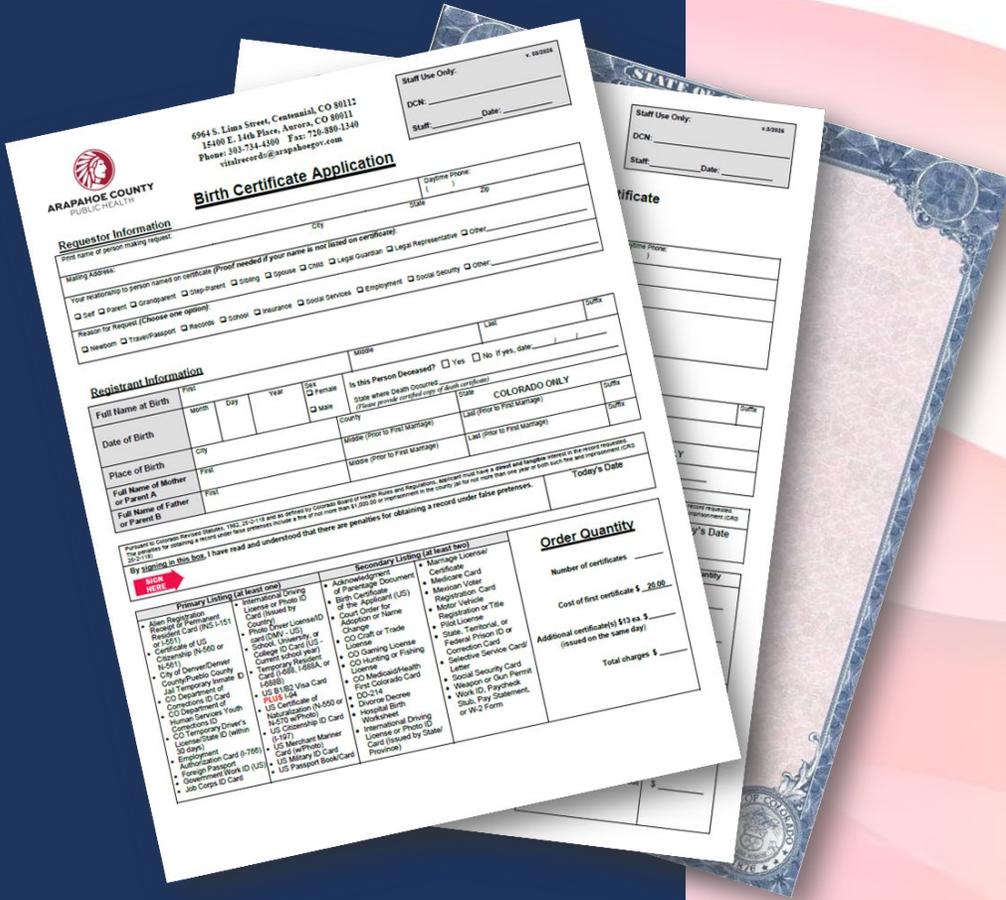


VITAL RECORDS

Deep Dive



What Does ACPH Vital Records Do?



Birth:

- Birth Certificate Issuance
- Unattended Home Birth Registration
- Military Verification

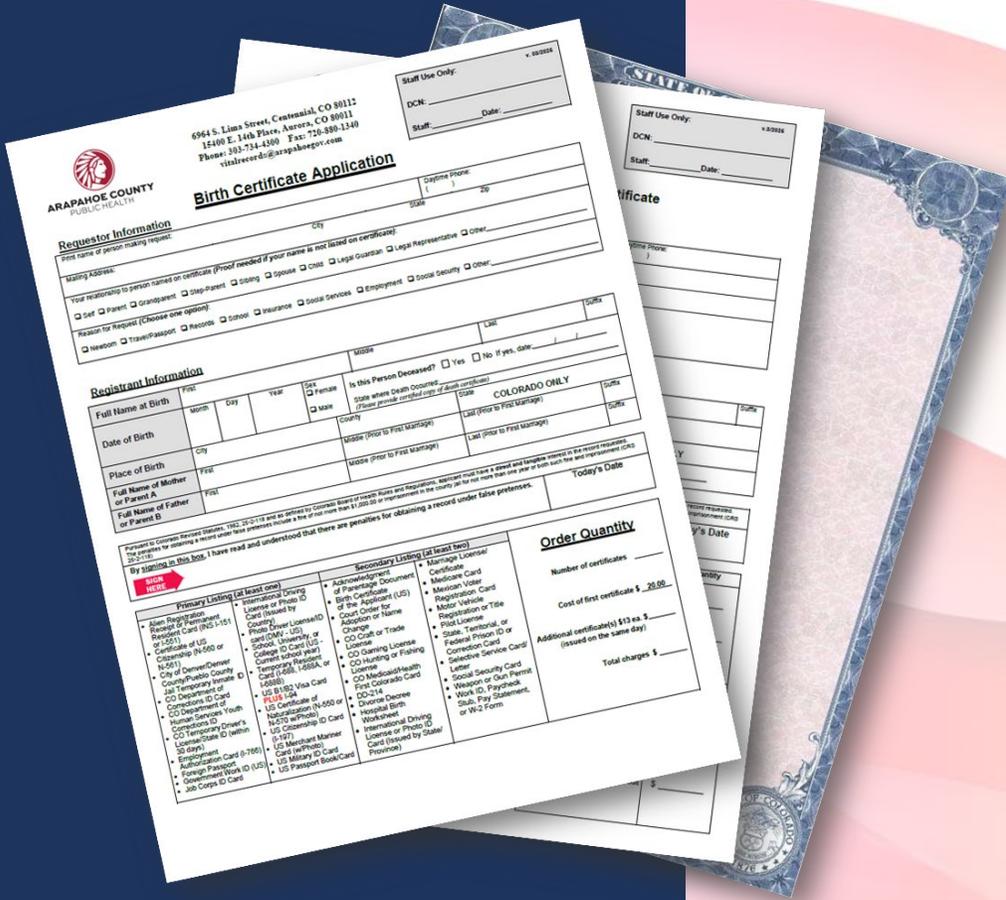
Death:

- Death Certificate Issuance
- Death Registration
- Fetal Death Registration
- Disposition Permits

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Note: Pop-ups must be enabled for this system.
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What Does ACPH Vital Records Do?



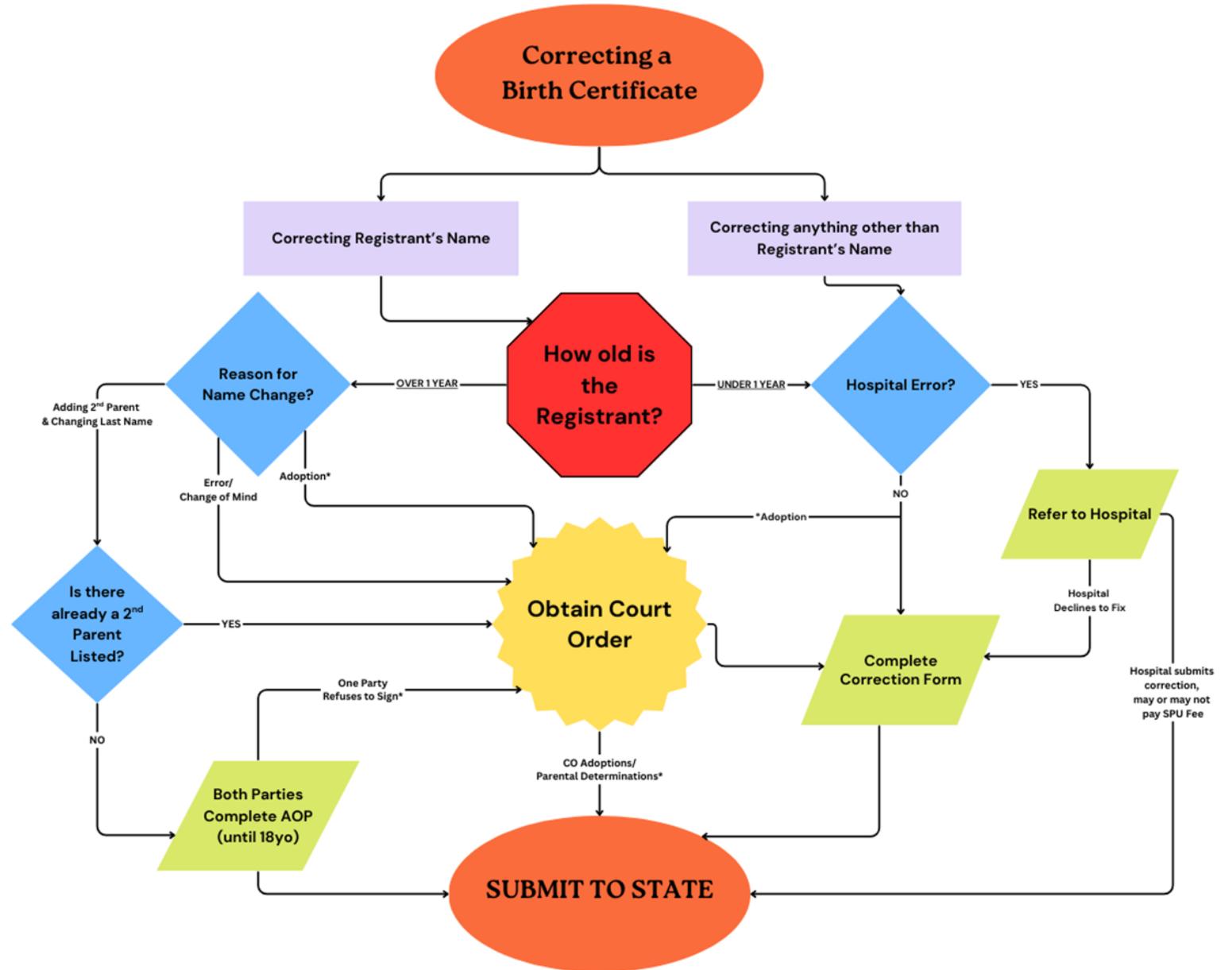
AND...

- Provides guidance and resources to customers on corrections, adoptions, Acknowledgement of Parentage, delayed registration, Apostille, acting as own funeral home, burial on private land, etc
- Works with State VR office to obtain record releases, hard copy checks, eligibility verification, death record registration, marking birth records as deceased, etc
- Delivers Death Certificates to Funeral Homes throughout the metro area
- Daily follow-ups on pending orders, corrections, and record availability
- Works with Funeral Homes, Coroners, Human Services, and Birth Registrars
- Tracks and logs all Security paper and voids
- Logs and enters all daily revenue and deposit information into SAP
- Generates monthly invoices and processes payments for on-account clients
- Retains and destroys records according to retention schedule set by CDPHE
- and more...!

[Secure Log in](#) [Forgot Password](#)

What ACPH Vital Records DOESN'T Do...

- Corrections/ Amendments to Birth or Death Records, Testimonial Letters, Heirloom Certificates (*State VR Office*)
- Marriage Records (*Clerk & Recorder*)
- Divorce/Annulment Records (*County Court*)
- Driver's Licenses/IDs
- Passports



*Adoptions and Parental Determinations/Child Support Orders done in a Colorado Court will automatically be sent to the State Vital Records Office. Out of State Adoptions must be submitted with Original Court Order and Correction Form to State Office.

What are Birth and Death Certificates Used For?



Birth:

- Health Insurance
- Social Security
- ID/Driver's License
- Passports
- School/Sports
- Employment
- Genealogy, etc.



Death:

- Closing accounts, estate settlement
- Social Security/ Insurance/Pension Benefits
- Transfer/Selling of Property
- Criminal Investigations
- Genealogy, etc.





Ways to Order

1

In-person at Lima or Altura Plaza

- By appointment only (with exception of Funeral Homes)

2

By Mail or Email

- Exploring Digital form options for improved experience and accessibility

3

Secure third-party website

- VitalChek.com
- GoCertificates.com

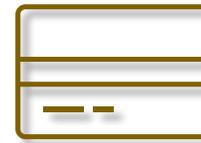
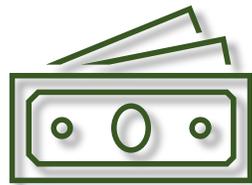
Certificate Cost

Customer Cost:

- First Certificate = \$20
- Additional Copies = \$13
- Exchange = \$13

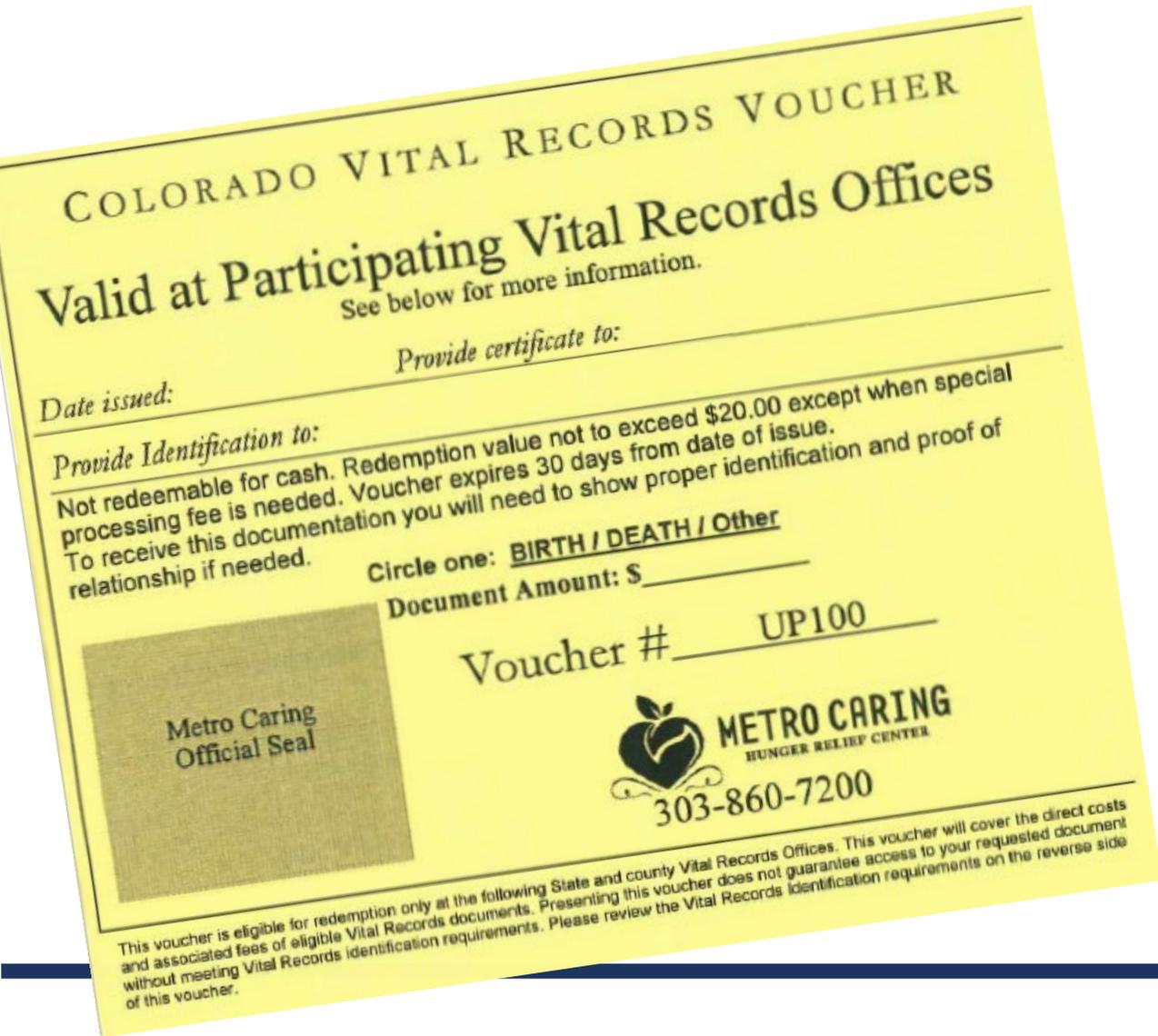
Our Cost:

- First Certificate = \$3.00
- Additional Copies (death only) = \$4.00
- Security Paper (per sheet) = \$0.3121





Accessibility



Opened Altura office in July 2024



Began accepting Metro Caring Vouchers in March of 2025

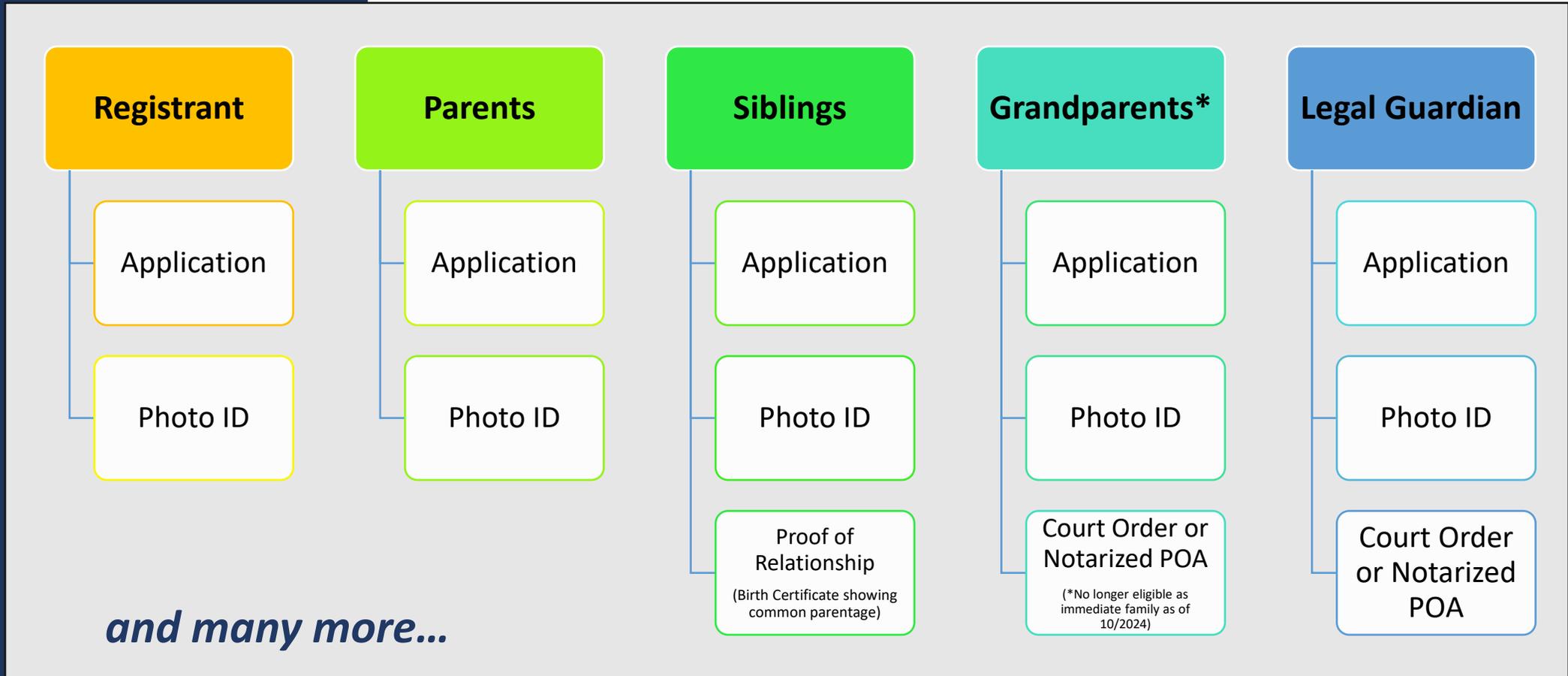


Two bilingual clerks on staff

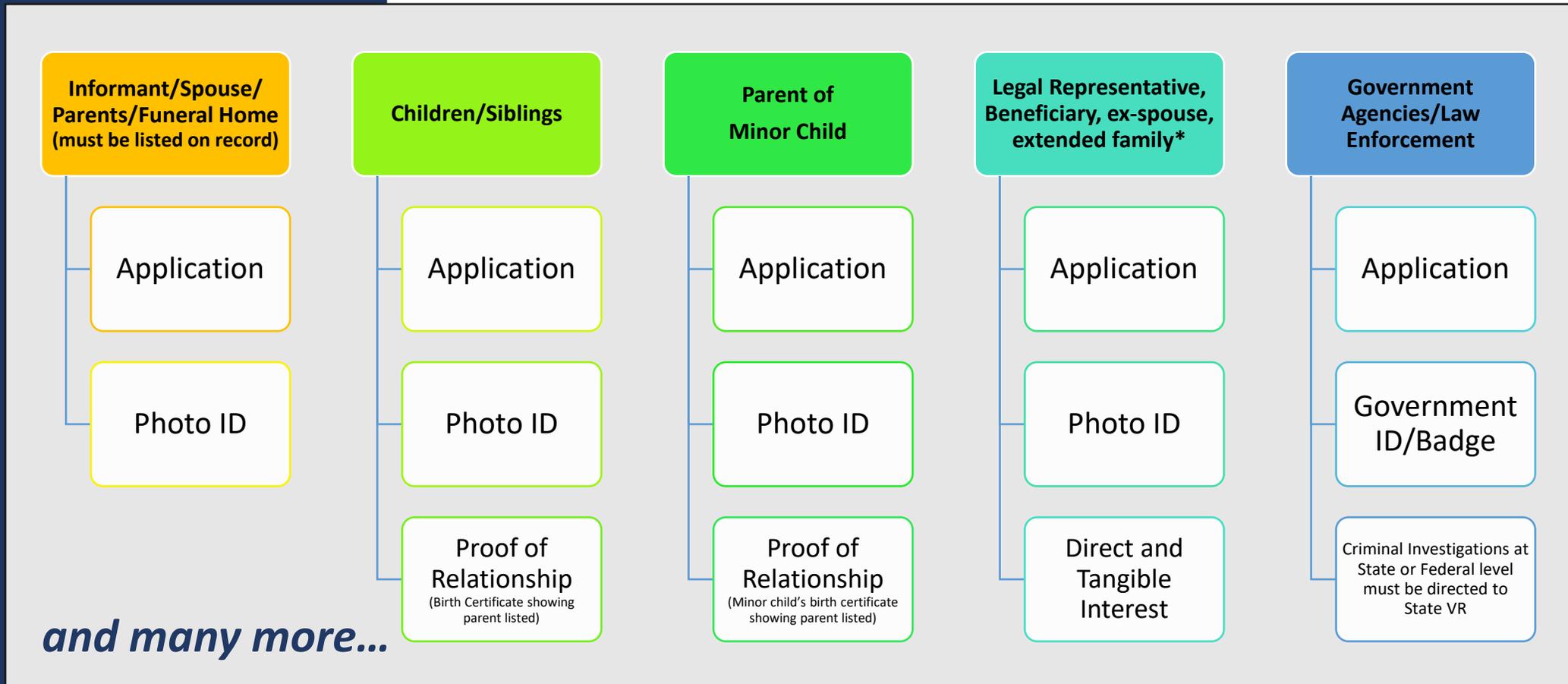


Exploring digital application options

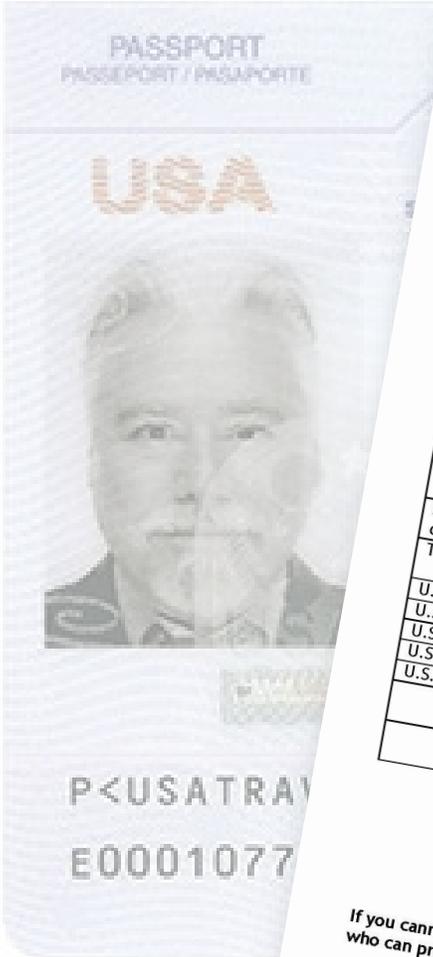
Birth Certificate Eligibility



Death Certificate Eligibility



Identification Requirements



ID and Eligibility Requirements

October 2024

***Certified certificates may be issued to:**
(note: proof of relationship is required)

- The registrant (person named on certificate)
- Spouse
- Parents/Step-parents
- Adult Children
- Legal Guardian

Siblings
Legal Representative of any above
For complete list, visit: www.colorado.gov/cdph

ID REQUIREMENTS	
At least 1 of the following: (No expired documents accepted)	OR at least 2 of the following: (Any document expired more than six months will not be accepted)
'PRIMARY' LIST	'SECONDARY' LIST
Alien Registration Receipt/Permanent Resident Card	Acknowledgement of Parentage document (Colorado only)
Certificate of U.S. Citizenship	Birth certificate of Applicant (U.S. only)
Jail Temporary Inmate ID: Denver or Pueblo County	Court order for Adoption or Name Change
Colorado Department of Corrections ID card	Craft or Trade License (Colorado only)
Colorado Department of Human Services Youth Corrections ID	DD-214
Colorado Temporary Driver's License/State ID (must be current)	Divorce Decree (U.S. only)
Employment Authorization Card (I-766)	Colorado Gaming License
Foreign Passport	Hospital Birth Worksheet (within 6 months of birth)
Government Work ID	Colorado Hunting or Fishing License (must be current)
Job Corps ID Card	Foreign or International Driving License/ID Card (issued by foreign country's state or province)
US Merchant Mariner Card/Book	Marriage License/Certificate (U.S. only)
Driver's License/ID Card (DMV - U.S.)	Medicaid Card (Colorado only)
Foreign Driver's License/ID Card (issued directly from foreign country's government - not state or province)	Medicare Card
School, University or College ID Card (must be current - cannot be accepted if expired)	Mexican Voter Registration Card
Temporary Resident Card	Motor Vehicle Registration or Title (must be current - U.S. only)
U.S. B1/B2 Card with I-94	Pilot License
U.S. Certificate of Naturalization	State, Territorial or Federal Prison or Corrections ID Card
U.S. Citizenship ID Card (I-197)	Social Security Card
U.S. Military ID Card	Selective Service Card/Letter (U.S. only)
U.S. Passport Book or Card	Weapon or Gun Permit (U.S. only)
	Work ID, Paycheck Stub (within 3 months) or W2 (last tax year)
	Any expired document from the "Primary" list (cannot be expired more than 6 months - unless otherwise stated)

WE CANNOT ACCEPT:

Matricula Consular Card	Novelty ID Card
IRS ITIN card or letter	Non-expiring ID cards (unless issued within last 3 years)
Souvenir/Hospital birth certificates	Out-of-State Temporary Driver's Licenses or Temporary State ID card

If you cannot provide acceptable identification, it is suggested that you ask a spouse, parent, sibling or adult child, who can provide appropriate identification, to request the certificate. PROOF OF RELATIONSHIP is required.

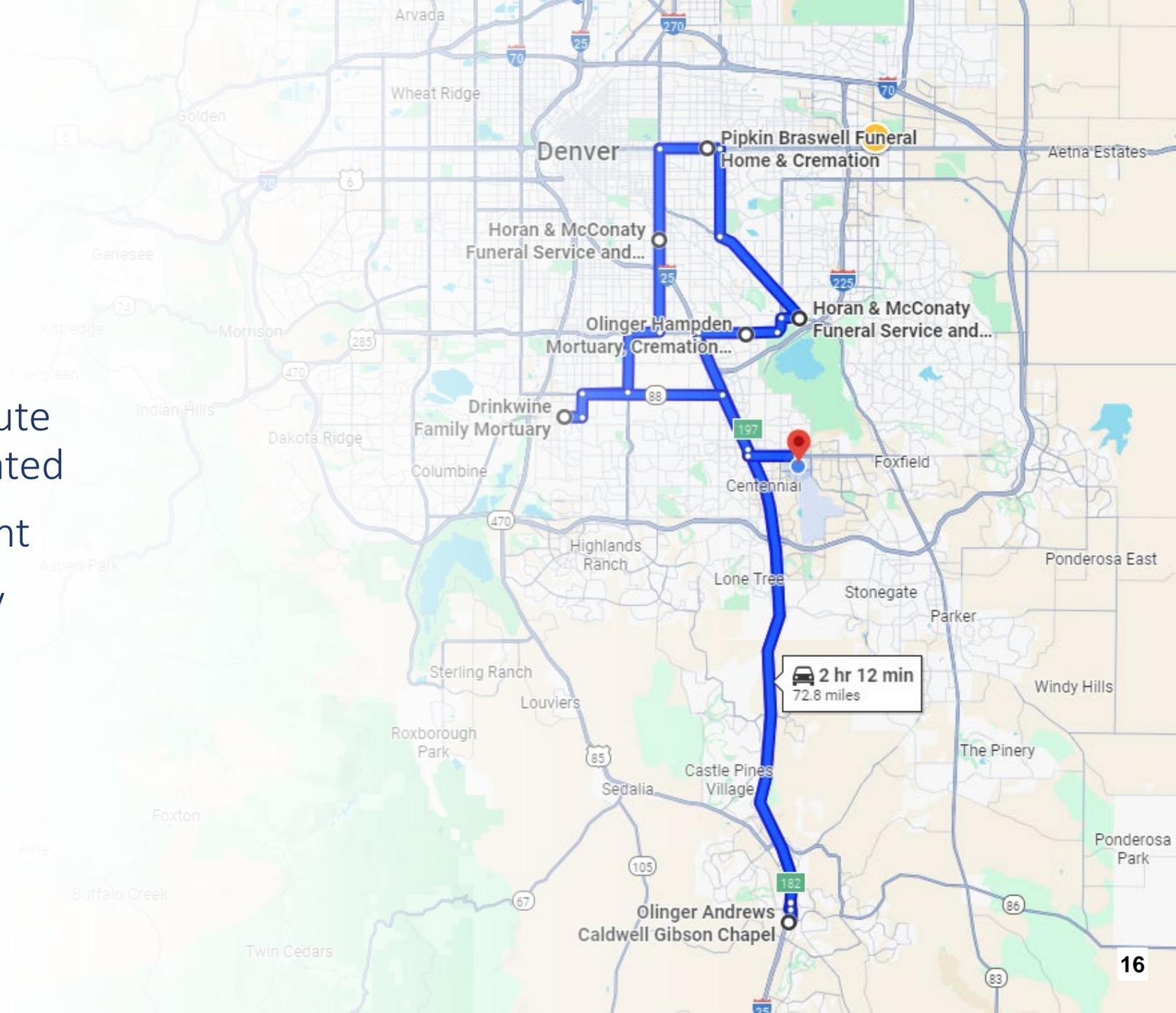


Direct and Tangible Interest

1. Why do they need the birth/death certificate?
2. Did they provide specific documentation that clearly shows this purpose?
3. Did the document(s) show that they are an eligible party to pursue this purpose?

Funeral Homes & Courier

- Funeral Home orders constitute 60-70% of all revenue generated
- 12 Funeral Homes On-Account
- 6 on Regular Courier Delivery Schedule
- Delivery 5 days per week
- Competitive market due to electronic system



Death Registration

CO **COLORADO**
Department of Public Health & Environment

If first name is unavailable/none, can be left blank

DEATH CERTIFICATE WORKSHEET
Drop to Paper Document
This is to be used for medical certification and registration purposes only

Notes for vital records use only.

Funeral Home Contact Name and Phone Number

Funeral Home: **EXAMPLE** FOR: **EL PASO**

Funeral Home: **999-99-9999**

SECTION 1 **Required field** **Optional field** **Clear Form**

SECTION 2

DATE OF BIRTH 02/09/1997 **DATE OF DEATH TYPE** ACTUAL **SEX** F **AGE** 21

PLACE OF DEATH OUTSIDE **COUNTY OF DEATH** EL PASO

DATE OF DEATH 02/09/2018

TIME OF DEATH TYPE
 Actual time of death
 Approximate time of death
 Court determined time of death
 Early AM Early PM
 Late AM Late PM
 Presumed time of death
 Unknown AM
 Unknown hour
 Unknown PM
 Unknown time of death

TIME OF DEATH B INDICATOR
 AM
 PM
 Military

DATE PRONOUNCED DEAD (MONTH/DAY/YEAR)

TIME PRONOUNCED AND INDICATOR
 AM
 PM
 Military

WAS AN AUTOPSY PERFORMED?
 YES
 NO

WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?
 YES
 NO

ANATOMICAL USE CONTRIBUTES TO DEATH
 YES
 NO

MANNER OF DEATH
 Natural Accident Suicide Homicide

PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death). Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death).

a. Enter the chain of events—diseases, injuries or complications—that directly caused the death.

b. **CAUSE OF DEATH SECTION 3** can be blank, if the manner of death is "Pending investigation"

c. **CAUSE OF DEATH SECTION 3** can be blank, if the manner of death is "Pending investigation"

d. **CAUSE OF DEATH SECTION 3** can be blank, if the manner of death is "Pending investigation"

PART II. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not resulting in the underlying cause given in part I).

SECTION 4

DID DEATH INVOLVE INJURY? (Manner of death is other than NATURAL). IF YES, COMPLETE SECTION 4. IF NO, DO NOT COMPLETE.

YES NO

WAS DEATH IN CUSTODY (law enforcement/correctional facility)?
 YES NO

DATE OF INJURY TYPE
 Actual date of injury
 Approximate date of injury
 Court-determined date of injury
 Found on
 Presumed date of injury
 Unknown

DATE OF INJURY Month Day Year

INJURY AT WORK?
 YES NO

TRANSPORTATION INJURY?
 YES NO

TIME OF INJURY TYPE
 Actual time of injury
 Approximate time of injury
 Court determined time of injury
 Early AM injury Early PM injury
 Late AM injury Late PM injury
 Presumed time of injury
 Unknown AM
 Unknown hour
 Unknown PM
 Unknown time of injury

IF TRANSPORTATION INJURY, SPECIFY ROLE
 Driver/Operator
 Passenger
 Pedestrian
 Unknown
 Other (specify):

STREET & NUMBER OF INJURY, APT., NO., CITY OR TOWN, COUNTY, STATE, ZIP CODE

PLACE OF INJURY (HOSPITAL, DECEDENT'S RESIDENCE, STREET/HIGHWAY, ETC.)

INJURY DESCRIPTION

SIGNATURES

PHYSICIAN
 TITLE, NAME, ADDRESS AND ZIP CODE OF PHYSICIAN
 SIGNATURE OF PHYSICIAN
 DATE SIGNED

CORONER
 TITLE, NAME, ADDRESS AND ZIP CODE OF CORONER
 SIGNATURE OF CORONER
 DATE SIGNED

Rev. 7/2017

Fetal Death Registration

Clear Form

State of Colorado
Certificate of Fetal Death

State File No. _____

1. FETUS NAME (First, Middle, Last) _____

2. DATE OF DELIVERY (Month, Day, Year) _____ 3. TIME OF DELIVERY _____ 4. SEX (M/F/UNK) _____

5a. PLACE WHERE DELIVERY OCCURRED (check one) Home delivery: Planned to deliver at home? Yes No

Hospital Clinic/Doctors office Other (Specify) _____

Freestanding birthing center NO UNKNOWN

5b. FACILITY NAME (if not institution, give street and number) _____

5c. FACILITY ID (NPI) _____

5d. CITY, TOWN, OR LOCATION OF DELIVERY _____

5e. ZIP CODE _____

5f. COUNTY OF DELIVERY _____

5g. MOTHER'S DATE OF BIRTH _____

6a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last) _____

6b. MOTHER'S RESIDENCE - CITY, TOWN, OR LOCATION _____

6c. MOTHER'S RESIDENCE - COUNTY _____

6d. MOTHER'S BIRTHPLACE (State, Territory, or Foreign Country) _____

6e. MOTHER'S RESIDENCE - STATE _____

6f. MOTHER'S RESIDENCE - ZIP CODE _____

6g. INSIDE CITY LIMITS? Yes No

7a. MOTHER'S BIRTHPLACE (State, Territory, or Foreign Country) _____

7b. MOTHER'S RESIDENCE - STATE _____

7c. MOTHER'S RESIDENCE - COUNTY _____

7d. MOTHER'S RESIDENCE - STREET AND NUMBER _____

7e. MOTHER'S RESIDENCE - APT. NO. _____

7f. FATHER'S/SICO-PARENT BIRTHPLACE (State, Territory, or Foreign Country) _____

7g. FATHER'S/SICO-PARENT DATE OF BIRTH _____

7h. FATHER'S/SICO-PARENT RESIDENCE - CITY, TOWN, OR LOCATION _____

7i. FATHER'S/SICO-PARENT RESIDENCE - STATE _____

7j. FATHER'S/SICO-PARENT RESIDENCE - ZIP CODE _____

7k. FATHER'S/SICO-PARENT RESIDENCE - APT. NO. _____

8a. FATHER'S/SICO-PARENT CURRENT LEGAL NAME _____

8b. FATHER'S/SICO-PARENT DATE OF BIRTH _____

8c. FATHER'S/SICO-PARENT RESIDENCE - CITY, TOWN, OR LOCATION _____

8d. FATHER'S/SICO-PARENT RESIDENCE - STATE _____

8e. FATHER'S/SICO-PARENT RESIDENCE - ZIP CODE _____

8f. FATHER'S/SICO-PARENT RESIDENCE - APT. NO. _____

9a. FATHER'S/SICO-PARENT CURRENT LEGAL NAME _____

9b. FATHER'S/SICO-PARENT DATE OF BIRTH _____

9c. FATHER'S/SICO-PARENT RESIDENCE - CITY, TOWN, OR LOCATION _____

9d. FATHER'S/SICO-PARENT RESIDENCE - STATE _____

9e. FATHER'S/SICO-PARENT RESIDENCE - ZIP CODE _____

9f. FATHER'S/SICO-PARENT RESIDENCE - APT. NO. _____

9g. DATE FILED BY REGISTRAR (Month, Day, Year) _____

9h. SIGNATURE AND TITLE ON ORIGINAL _____

10a. METHOD OF DISPOSITION Burial-Cemetery/Burial-Private Land/Entombment Hospital Disposition Cremation Removal From State Donation Other (Specify) _____

10b. NAME AND ADDRESS OF FUNERAL ESTABLISHMENT OR PERSON ACTING AS SUCH _____

10c. PLACE OF DISPOSITION (Name of cemetery, sanatory, or other place - CITY, STATE) _____

10d. NAME AND ADDRESS; No unknown _____

10e. NAME AND ADDRESS; Full address; Unknown OK _____

11a. ATTENDANT'S NAME AND NPI _____

11b. ATTENDANT'S MAILING ADDRESS (Street or R.F.D. No. City, State, Zip) _____

11c. DATE REPORT COMPLETED _____

11d. DATE REPORT COMPLETED BY _____

11e. ESTIMATED TIME OF FETAL DEATH _____

11f. ESTIMATED TIME OF FETAL DEATH _____

11g. ESTIMATED TIME OF FETAL DEATH _____

11h. ESTIMATED TIME OF FETAL DEATH _____

11i. ESTIMATED TIME OF FETAL DEATH _____

11j. ESTIMATED TIME OF FETAL DEATH _____

11k. ESTIMATED TIME OF FETAL DEATH _____

11l. ESTIMATED TIME OF FETAL DEATH _____

11m. ESTIMATED TIME OF FETAL DEATH _____

11n. ESTIMATED TIME OF FETAL DEATH _____

11o. ESTIMATED TIME OF FETAL DEATH _____

11p. ESTIMATED TIME OF FETAL DEATH _____

11q. ESTIMATED TIME OF FETAL DEATH _____

11r. ESTIMATED TIME OF FETAL DEATH _____

11s. ESTIMATED TIME OF FETAL DEATH _____

11t. ESTIMATED TIME OF FETAL DEATH _____

11u. ESTIMATED TIME OF FETAL DEATH _____

11v. ESTIMATED TIME OF FETAL DEATH _____

11w. ESTIMATED TIME OF FETAL DEATH _____

11x. ESTIMATED TIME OF FETAL DEATH _____

11y. ESTIMATED TIME OF FETAL DEATH _____

11z. ESTIMATED TIME OF FETAL DEATH _____

12a. INITIATING CAUSE/CONDITION (AMONG THE CHOICES BELOW PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Maternal Conditions/Diseases (Specify) _____

Complications of Placenta, Cord, or Membranes

Rupture of membranes prior to onset of labor

Abruptio placenta

Placental insufficiency

Prolapsed cord

Chorioamnionitis

Other (Specify) _____

Other Obstetrical or Pregnancy Complications (Specify) _____

Fetal Anomaly (Specify) _____

Fetal Injury (Specify) _____

Fetal Infection (Specify) _____

Other Fetal Conditions/Disorders (Specify) _____

Unknown _____

12b. OTHER SIGNIFICANT CAUSES OR CONDITIONS (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 12a)

Maternal Conditions/Diseases (Specify) _____

Complications of Placenta, Cord, or Membranes

Rupture of membranes prior to onset of labor

Abruptio placenta

Placental insufficiency

Prolapsed cord

Chorioamnionitis

Other (Specify) _____

Other Obstetrical or Pregnancy Complications (Specify) _____

Fetal Anomaly (Specify) _____

Fetal Injury (Specify) _____

Fetal Infection (Specify) _____

Other Fetal Conditions/Disorders (Specify) _____

Unknown _____

13a. WAS AN AUTOPSY PERFORMED? Yes No Planned If yes, name of facility used for autopsy: _____

13b. DATE REPORT COMPLETED _____

13c. DATE REPORT COMPLETED BY _____

13d. ESTIMATED TIME OF FETAL DEATH _____

13e. ESTIMATED TIME OF FETAL DEATH _____

13f. ESTIMATED TIME OF FETAL DEATH _____

13g. ESTIMATED TIME OF FETAL DEATH _____

13h. ESTIMATED TIME OF FETAL DEATH _____

13i. ESTIMATED TIME OF FETAL DEATH _____

13j. ESTIMATED TIME OF FETAL DEATH _____

13k. ESTIMATED TIME OF FETAL DEATH _____

13l. ESTIMATED TIME OF FETAL DEATH _____

13m. ESTIMATED TIME OF FETAL DEATH _____

13n. ESTIMATED TIME OF FETAL DEATH _____

13o. ESTIMATED TIME OF FETAL DEATH _____

13p. ESTIMATED TIME OF FETAL DEATH _____

13q. ESTIMATED TIME OF FETAL DEATH _____

13r. ESTIMATED TIME OF FETAL DEATH _____

13s. ESTIMATED TIME OF FETAL DEATH _____

13t. ESTIMATED TIME OF FETAL DEATH _____

13u. ESTIMATED TIME OF FETAL DEATH _____

13v. ESTIMATED TIME OF FETAL DEATH _____

13w. ESTIMATED TIME OF FETAL DEATH _____

13x. ESTIMATED TIME OF FETAL DEATH _____

13y. ESTIMATED TIME OF FETAL DEATH _____

13z. ESTIMATED TIME OF FETAL DEATH _____

14. OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY _____

15. WAS A HISTOLOGICAL OR PLACENTAL EXAMINATION PERFORMED? Yes No

16. HISTOLOGICAL OR PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH? Yes No

17. OTHER SIGNIFICANT CAUSES OR CONDITIONS (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 16b)

Maternal Conditions/Diseases (Specify) _____

Complications of Placenta, Cord, or Membranes

Rupture of membranes prior to onset of labor

Abruptio placenta

Placental insufficiency

Prolapsed cord

Chorioamnionitis

Other (Specify) _____

Other Obstetrical or Pregnancy Complications (Specify) _____

Fetal Anomaly (Specify) _____

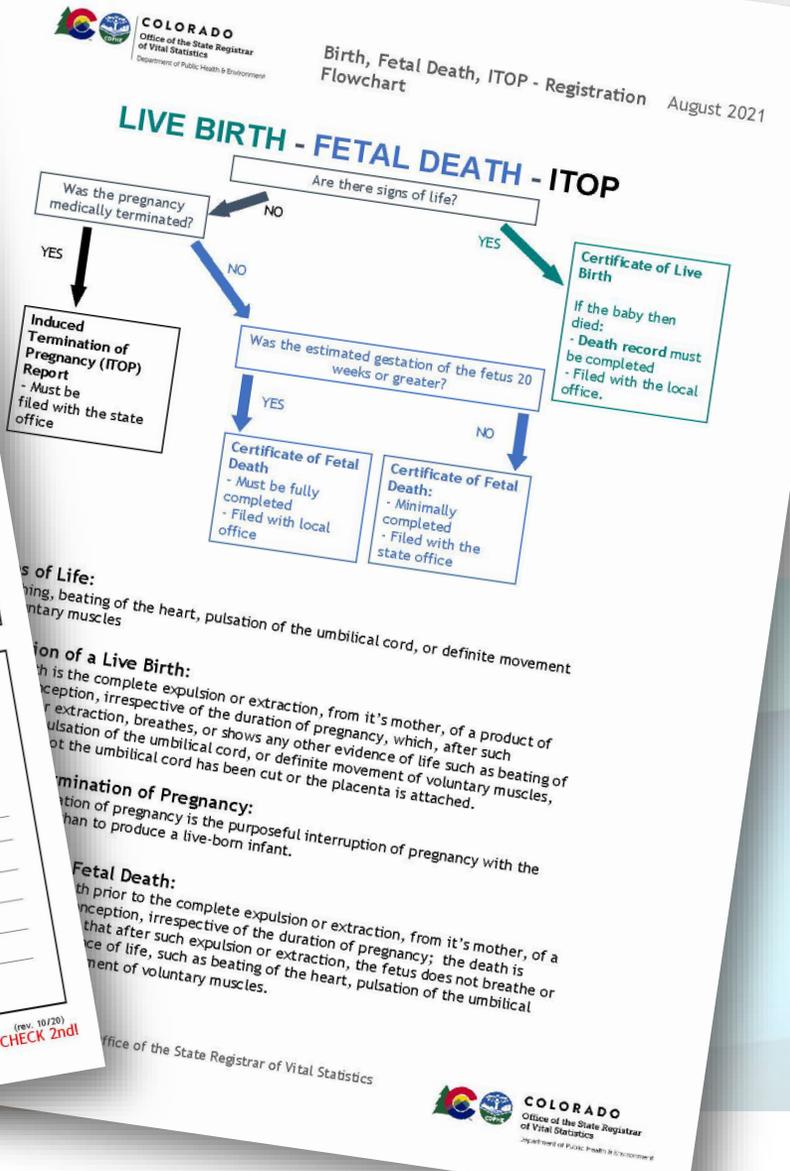
Fetal Injury (Specify) _____

Fetal Infection (Specify) _____

Other Fetal Conditions/Disorders (Specify) _____

Unknown _____

18. PARENT(S) MAY BE INTERESTED IN A STILLBIRTH CERTIFICATE. *****If checked and <20 weeks, need fields 1, 2, 3, 4, 5b-f, 6b-c, 8a-b, and 14 completed.**



Military Verification

REQUEST FOR VERIFICATION OF BIRTH
(Read Privacy Act statement on back page in its entirety before completing this form)

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE ADDRESS LISTED IN SECTION III, ITEM 14.b.**

OMB No. 0704-0006
OMB approval expires
July 31, 2023

1. DATE OF REQUEST (YYYYMMDD)

2. FULL NAME OF CHILD AT TIME OF BIRTH (Last, First, Middle Names)

3. GENDER (X)

MALE

FEMALE

4. DATE OF BIRTH (YYYYMMDD)

5. PLACE OF BIRTH

a. CITY

b. COUNTY

c. STATE

6. FULL NAME OF FATHER AT TIME OF BIRTH OF CHILD LISTED IN BLOCK 2 (Last, First, Middle Names)

7. FULL NAME OF MOTHER AT TIME OF BIRTH OF CHILD LISTED IN BLOCK 2 (Last, First, Middle Names)

8. RECRUITING REPRESENTATIVE MAKING REQUEST

a. NAME (Last, First, Middle Initial)

b. RANK/GRADE

c. TITLE

d. SIGNATURE

SECTION II (For use by Vital Statistics Department only)

9. CORRECTIONS OF ABOVE STATEMENT MADE ACCORDING TO FACTS ON FILE BY:

a. NAME (Last, First, Middle Initial)

b. ORGANIZATION

c. STREET

d. CITY

e. STATE

f. ZIP CODE

10. CERTIFICATE OR DOCUMENT NUMBER

11. FILE DATE (YYYYMMDD)

12. VERIFIED BY (Signature)

13. DATE SIGNED (YYYYMMDD)

SECTION III (For completion by recruiting office)

14. RECRUITING OFFICE IDENTIFICATION DATA

a. RECRUITING REPRESENTATIVE NAME (Last, First, Middle Initial)

b. UNIT/COMMAND NAME AND MAILING ADDRESS (Street, City, State and ZIP Code)

c. RECRUITER SIGNATURE

d. DATE SIGNED (YYYYMMDD)

DD FORM 372, JULY 2020

PREVIOUS EDITION IS OBSOLETE.

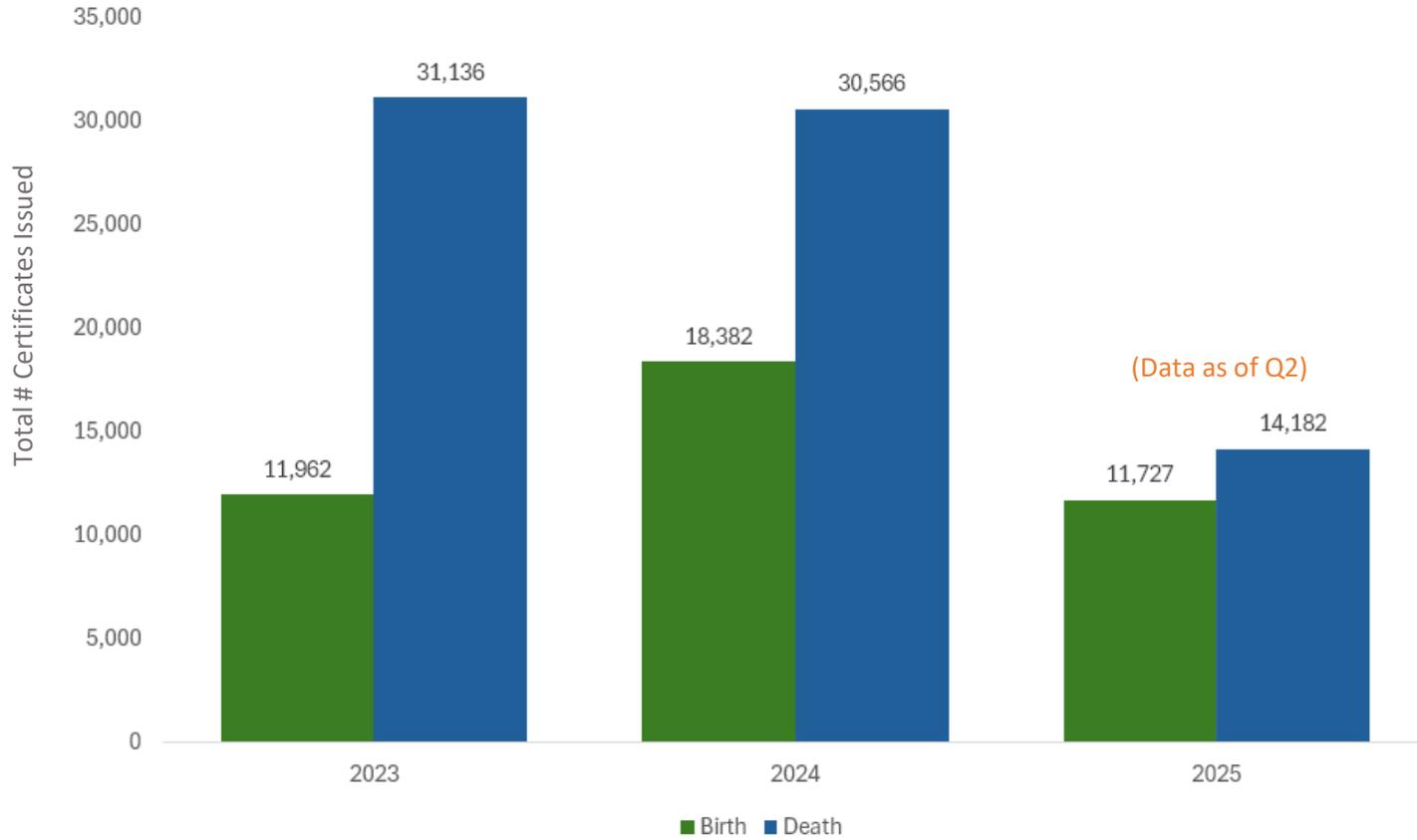
Unattended Home Birth Registration

- Registered in County of Delivery when not attended by CNM or OB
- Must complete packet with 8-10 documents proving residence, pregnancy, and live birth
- Register within 1 year of birth
- On average, we register 3 per year



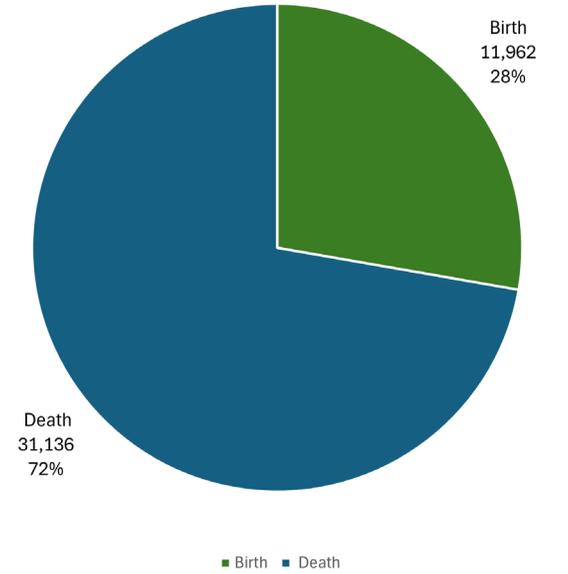


Birth & Death Certificates by the Numbers



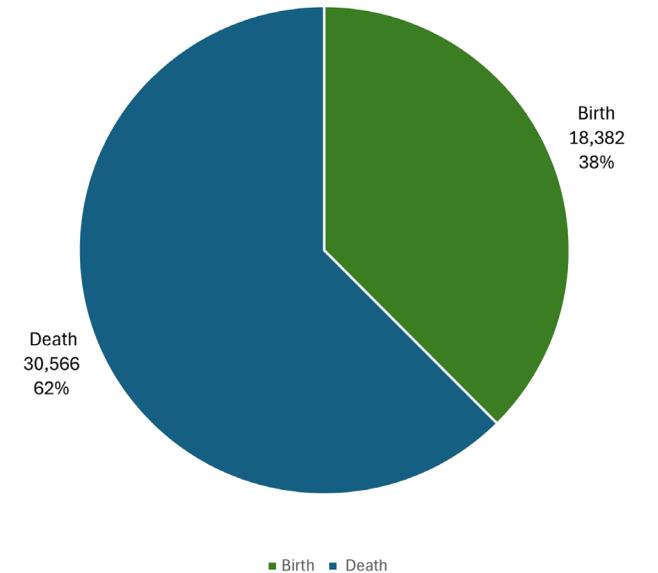
Certificates Issued 2023

Total: 43,098



Certificates Issued 2024

Total: 48,948



Vital Records Revenue

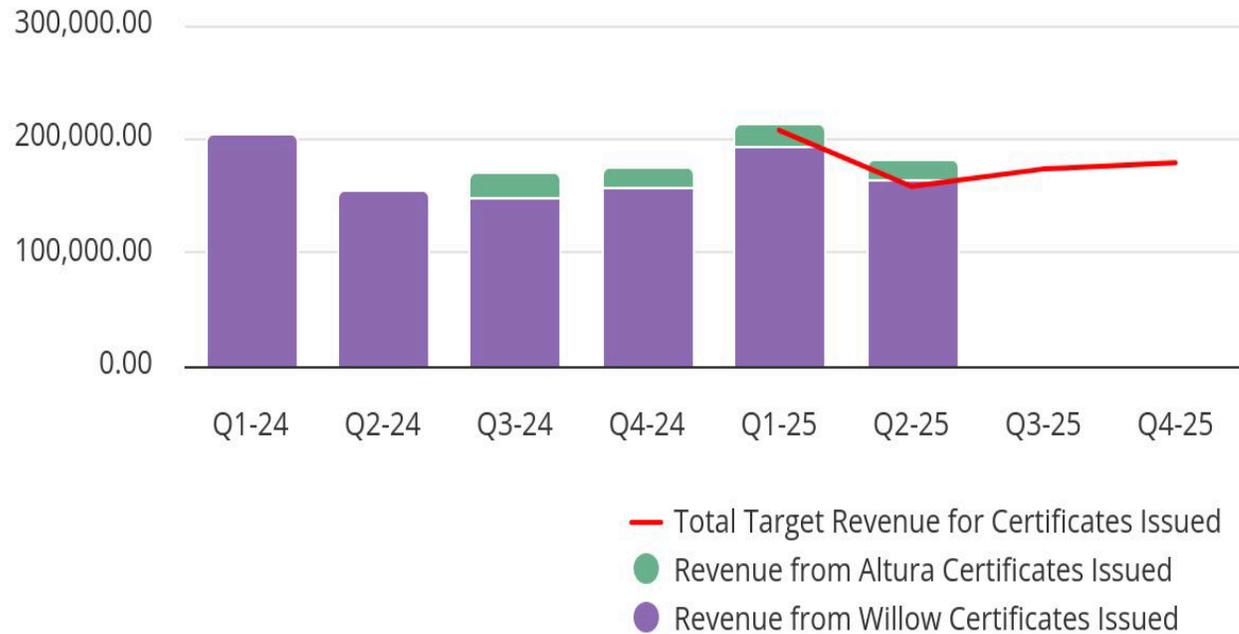
Vital Records is the only revenue generating program in the Department, contributing to the General Fund each year.

The bulk of our expenses come from staff salaries, CDPHE fees, and certified paper costs.

Period	Total Revenue Rec'd	Total Expenditures	General Fund Contribution
2023	\$588,110.00	\$(439,170.00)	\$148,940.00
2024	\$629,444.00	\$(426,461.00)	\$202,983.00

Vital Records Revenue

Revenue from Birth and Death Certificates, by Location



Period	Willow/Lima Revenue Received	Altura Revenue Received	Total Revenue Received	Target (2% increase from corresponding quarter)
Q1-24	\$203,630.00	\$-	\$203,630.00	
Q2-24	\$155,104.00	\$-	\$155,104.00	
Q3-24	\$148,171.00	\$21,980.00	\$170,151.00	
Q4-24	\$155,994.00	\$19,534.00	\$175,528.00	
Q1-25	\$191,879.00	\$21,612.00	\$213,491.00	\$207,702.00
Q2-25	\$162,590.00	\$19,178.00	\$181,768.00	\$158,205.00
Q3-25				\$173,554.00
Q4-25				\$179,039.00



Success Beyond the Numbers

Customer Service:

- At ACPH Vital Records, we pride ourselves on providing a high level of customer service. We serve the public with compassion and a dedication to help, whether families are celebrating a birth or grieving the loss of a loved one.

Increased Accessibility:

- In the last year we have increased accessibility to Vital Records by opening an additional office in Aurora, which was previously underserved, and by joining the Metro Caring Voucher program to get free documents to those in need. We hope to soon offer accessible digital order forms and are in talks to join the Aurora Regional Navigation Center project as one of the community partners serving unhoused adults.

Knowledge & Growth:

- Deputized Vital Records staff must be critical thinkers with strong attention to detail. Each clerk must learn and retain vast amounts of knowledge, even about the things we don't do in our office. We achieve this through ongoing trainings, team discussions, and process improvement.

Accuracy & Compliance with State Regulations:

- As custodians of confidential records, it is our job to ensure that only eligible parties are obtaining birth and death certificates. As a measure of our success in this, both ACPH Vital Records offices were just awarded 100% on the first State Vital Records audit since 2022. As the third largest county in Colorado, we have a much higher volume of requests than many of our counterparts.



Recent Reviews

I went through another third party about 2 months ago through [another agency] and I couldn't get ahold of anyone after they asked for more info and then they canceled my request. I think I sat on hold with them for a total of 3 hours. You all have been awesome! So quick and communicative! Much appreciated! I was just curious if you all took over. This has been a much better experience. So thank you!

- Kelli; August 20th, 2025

Thank you again so much. She was very kind and very helpful. 10 out of 10 service!

- Brandie, August 9th, 2025

You were absolutely wonderful!! Being in another state and then having to go through all that you really saved me! I have been in customer service for over 20 years and you are really top-notch! Thank you again for your expertise your professionalism and your friendliness!

- Michelle; July 17th, 2025

Thank
You!

