



# ARAPAHOE COUNTY

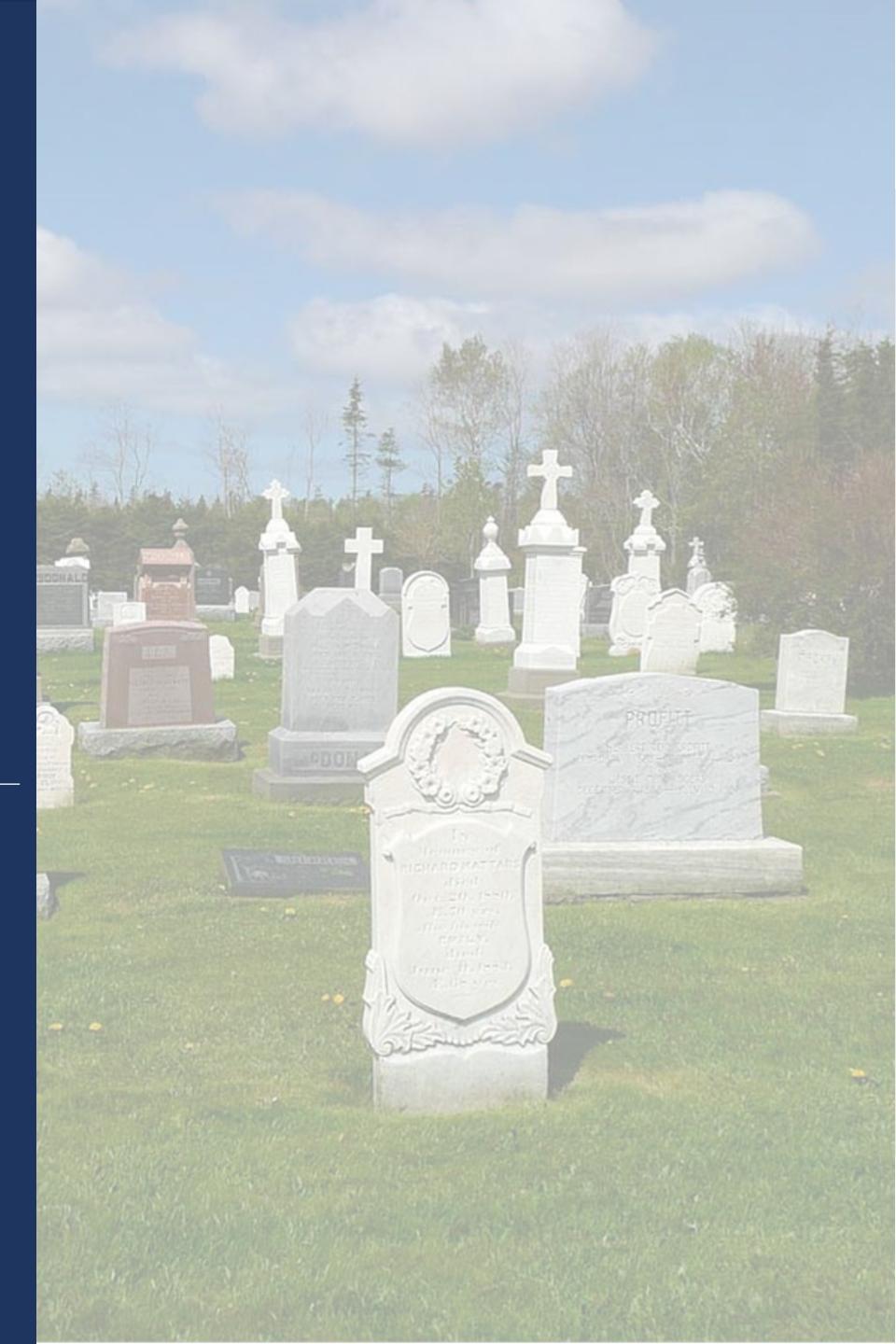


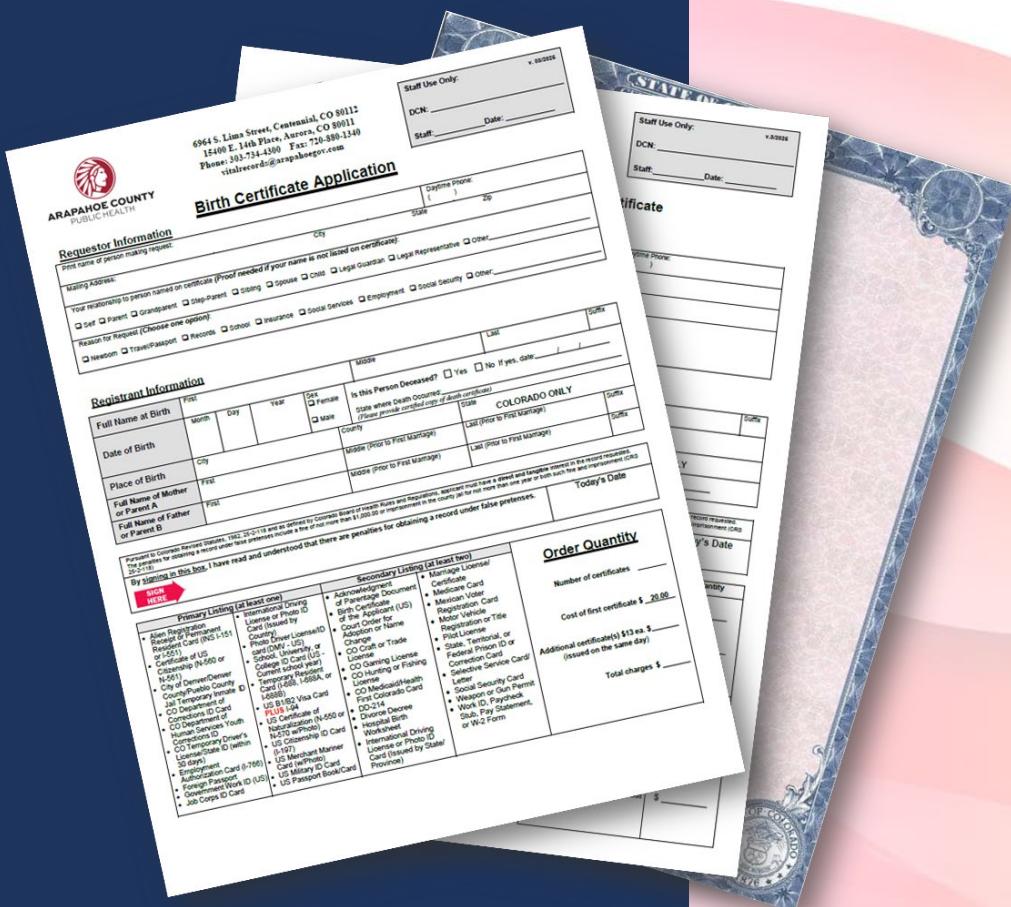
ARAPAHOE COUNTY

# VITAL RECORDS

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Deep Dive





# What Does ACPH Vital Records Do?

## Birth:

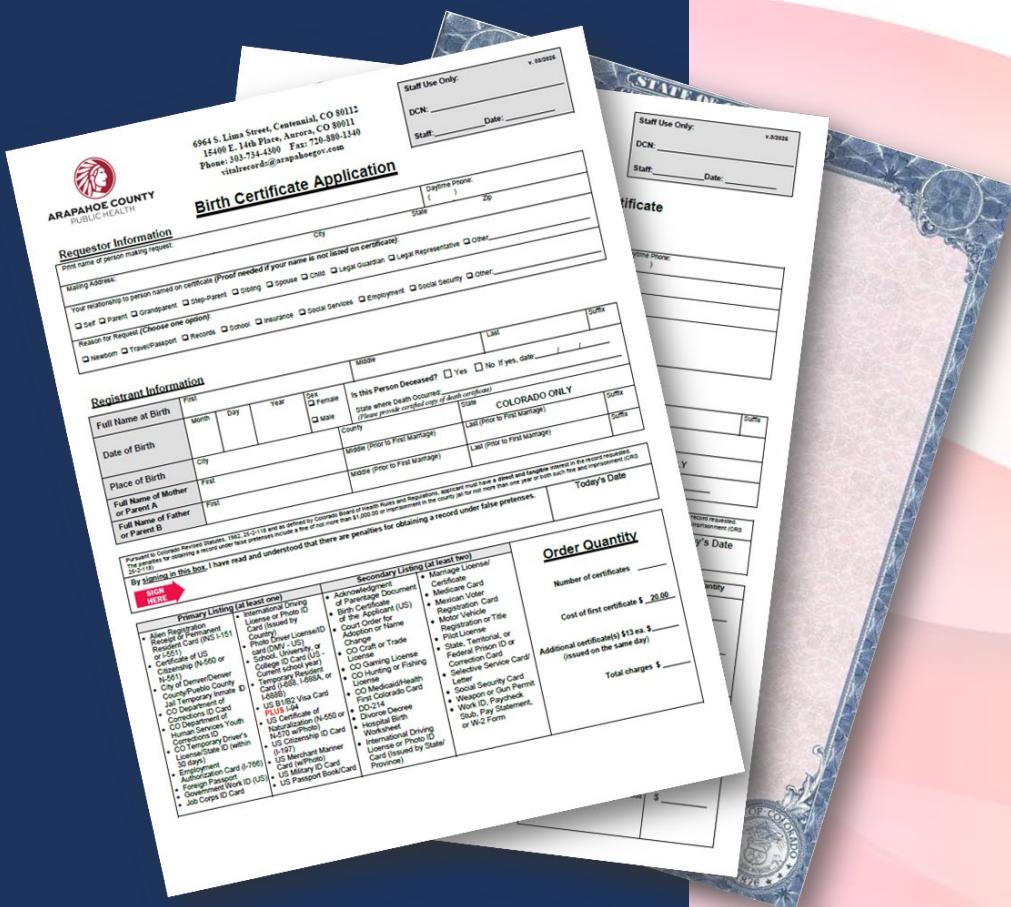
- Birth Certificate Issuance
- Unattended Home Birth Registration
- Military Verification

## Death:

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

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

Note: Pop-ups must be enabled for this system.  
 You can set this via your browser's settings.



# What Does ACPH Vital Records Do?

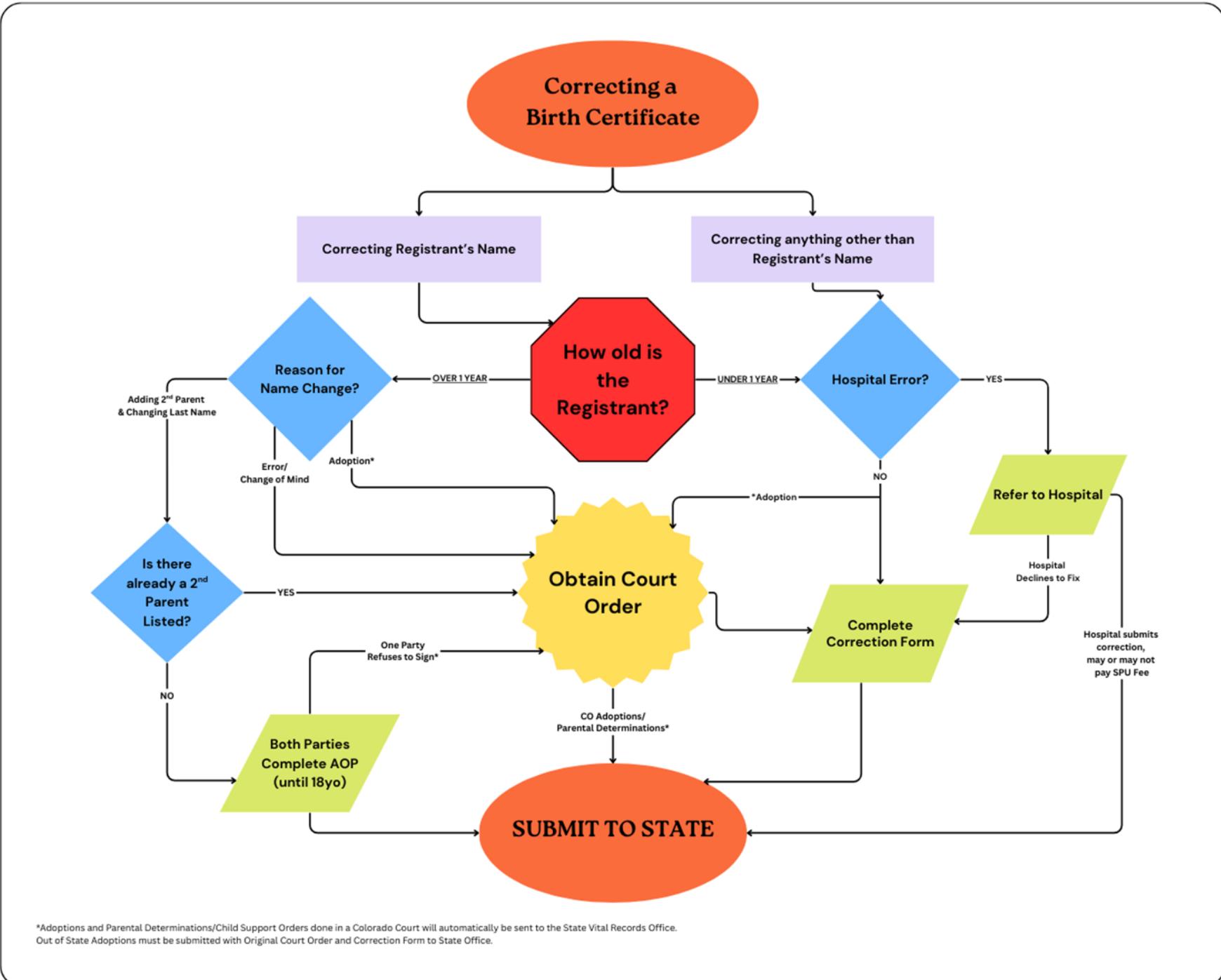
AND...

- 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...!



# 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





# 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](https://VitalChek.com)
- [GoCertificates.com](https://GoCertificates.com)



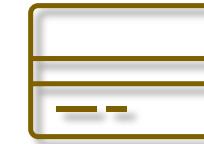
# Certificate Cost

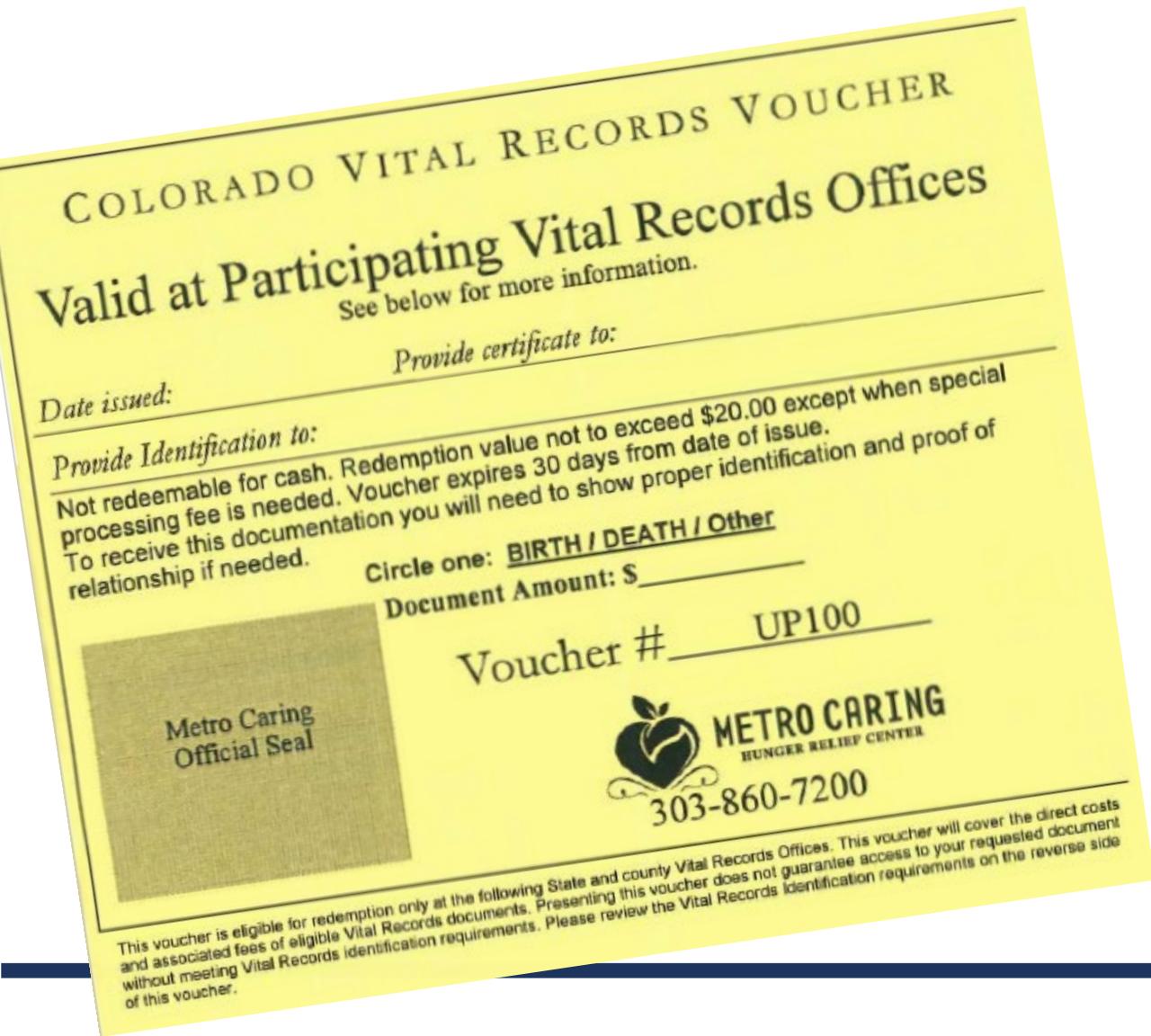
## Customer Cost:

- 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

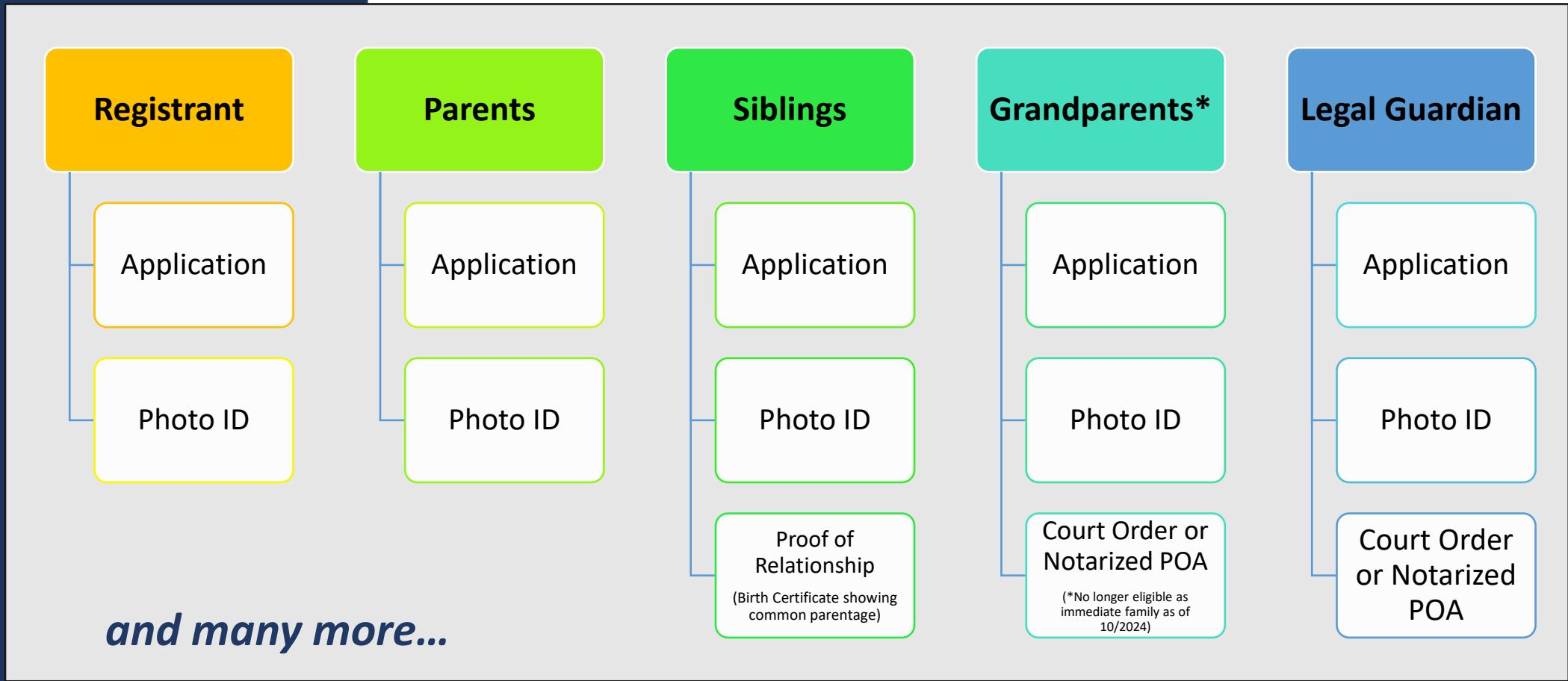


Two bilingual clerks on staff



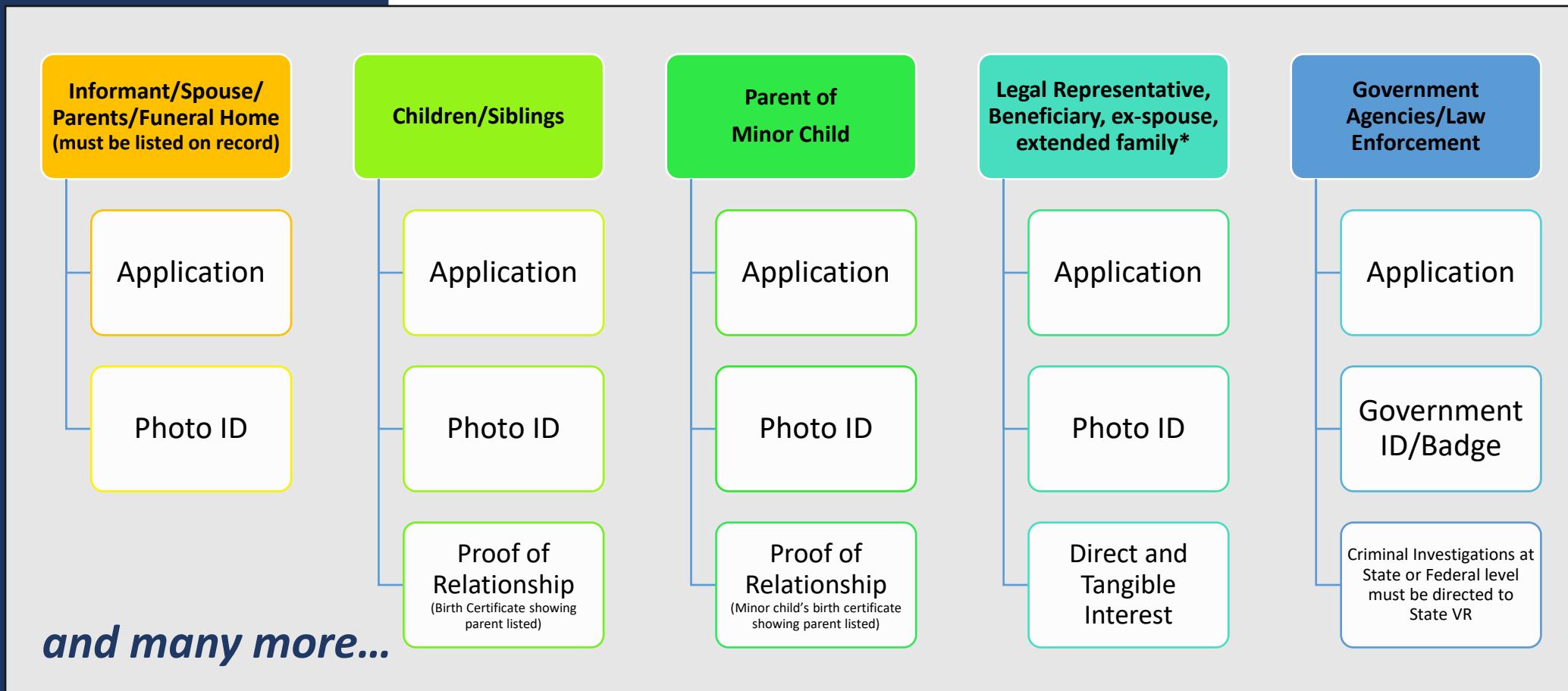
Exploring digital application options

# Birth Certificate Eligibility





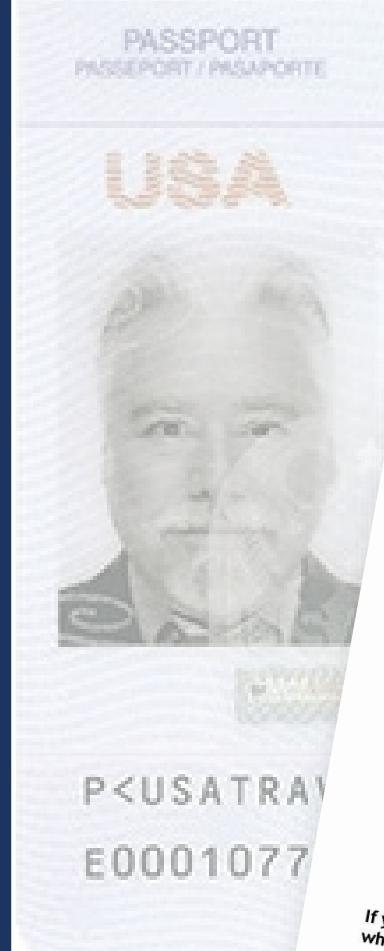
# Death Certificate Eligibility





ARAPAHOE COUNTY

# Identification Requirements



**COLORADO**  
Office of the State Registrar  
of Vital Statistics  
Department of Public Health & Environment

**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/cdphe](http://www.colorado.gov/cdphe)

**At least 1 of the following:**  
(No expired documents accepted)

**'PRIMARY' LIST**

Alien Registration Receipt/Permanent Resident Card  
Certificate of U.S. Citizenship  
Jail Temporary Inmate ID: Denver or Pueblo County  
Colorado Department of Corrections ID card  
Colorado Department of Human Services Youth Corrections ID  
Colorado Temporary Driver's License/State ID (must be current)

**'SECONDARY' LIST**

Acknowledgement of Parentage document (Colorado only)  
Birth certificate of Applicant (U.S. only)  
Court order for Adoption or Name Change  
Craft or Trade License (Colorado only)  
DD-214  
Divorce Decree (U.S. only)  
Colorado Gaming License  
Hospital Birth Worksheet (within 6 months of birth)  
Colorado Hunting or Fishing License (must be current)  
Foreign or International Driving License/ID Card (issued by foreign country's state or province)  
Foreign License/Certificate (U.S. only)  
Marriage License/Certificate (Colorado only)  
Medicaid Card (Colorado only)  
Medicare Card  
Mexican Voter Registration Card  
Motor Vehicle Registration or Title (must be current - U.S. only)  
Pilot License  
State, Territorial or Federal Prison or Corrections ID Card  
Social Security Card  
Selective Service Card/Letter (U.S. only)  
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 IRS ITIN card or letter	Novelty ID Card Non-expiring ID cards (unless issued within last 5 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.

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Office of the State Registrar of Vital Statistics





# Direct and Tangible Interest

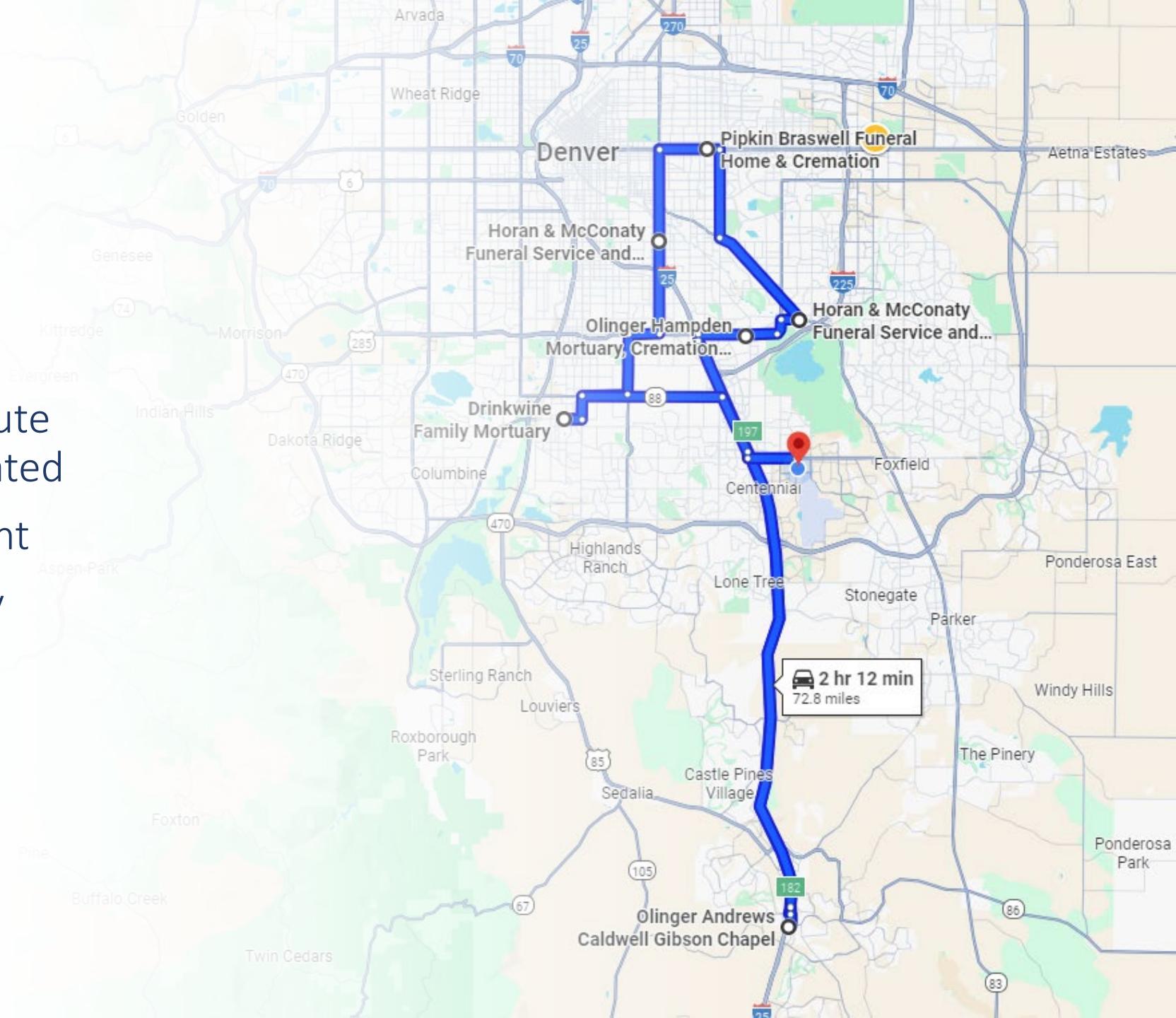
1. Why do they need the birth/death certificate?
2. Did they provide specific documentation that clearly shows this purpose?
3. Did the document(s) show that they are an eligible party to pursue this purpose?

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# 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

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

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

**PRINT or TYPE**  
**DEATH CERTIFICATE WORKSHEET**  
**Drop to Paper Document**

This is to be used for medical certification and registration purposes only

**Clear Form**

**Required field**  
**Optional field**

**SECTION 1**

Funeral Home Contact Name \_\_\_\_\_

**FIRST NAME(S)** EXAMPLE **MIDDLE NAME(S)** FOR

**FUNERAL HOME** FUNERAL HOME **ADDRESS/TELEPHONE** 999-99-9999

**LAST NAME(S)** EL PASO

**DATE OF DEATH TYPE** (actual, found, approximate) **ACTUAL**  
02/09/1997

**PLACE OF DEATH** OUTSIDE

**SEX** F **AGE** 21

**DATE OF DEATH** 02/09/2018

**COUNTY OF DEATH** EL PASO

**TIME PRONOUNCED AND INDICATOR**  
AM PM Military

**SECTION 2**

**WAS DECEASED UNDER HOSPITAL CARE?**  YES

**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 INDICATOR**  
AM  PM  Military

**DATE PRONOUNCED DEAD (MONTH/DAY/YEAR)**  
AM PM Military

**WAS AN AUTOPSY PERFORMED?**  YES  NO

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

**WHO PROVIDED THE TRIBUTE TO DEATH?**  Relative  Pregnant within past year  
 No pregnant at time of death  Pregnant at time of death  
 Not pregnant, but pregnant within 42 days of death  Not pregnant, but pregnant 43 days to 1 year before death  
 Unknown

**SECTION 3**

**CAUSE OF DEATH SECTION 3** Enter the **UNDERLYING CAUSE** (final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a.

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

c.

d.

**SECTION 4** Required to be completed, if manner of death is other than NATURAL.

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

**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

**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

**TRANSPORTATION INJURY?**  YES  NO

**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, DECEASED'S RESIDENCE, STREET/HIGHWAY, ETC.)**

**INJURY DESCRIPTION**

**PHYSICIAN**

**CORONER**

**Section 4: Required to be completed, if manner of death is other than NATURAL.**

Rev. 7/2017



# Fetal Death Registration

State of Colorado  
Certificate of Fetal Death

Local File No.  State File No.  Clear Form

These fields required if <20 weeks and requesting permit

1. FETUS NAME (First, Middle, Last)  2. DATE OF DELIVERY (Month, Day, Year)  3. TIME OF DELIVERY  4. SEX (M/F/UNK)

5. PLACE WHERE DELIVERY OCCURRED (check one)  Hospital  Clinic/Doctors office  Freestanding birthing center  Home delivery: Planned to deliver at home?  Yes  No  Other (Specify)  UNKNOWN  FACILITY NAME (if not institution, give street and number)  Approx/Found OK  Unk. OK  Unk. OK  Unknown or None OK; no Blank

5a. CITY, TOWN, OR LOCATION OF DELIVERY  5b. ZIP CODE  5c. COUNTY OF DELIVERY  CHECK 1st  
If unknown, city where found  If unk, where found  If unknown, where found  Unknown OK

6a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last)  6b. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)  6c. MOTHER'S DATE OF BIRTH

6d. MOTHER'S BIRTHPLACE (State, Territory, or Foreign Country)  6e. MOTHER'S RESIDENCE - STATE  6f. MOTHER'S RESIDENCE - CITY, TOWN, OR LOCATION  6g. MOTHER'S RESIDENCE - STREET AND NUMBER  6h. MOTHER'S RESIDENCE - APT. NO.  6i. MOTHER'S RESIDENCE - ZIP CODE  6j. INSIDE CITY LIMITS?  Yes  No  
Unknown OK; No abbreviations  Unk OK  Unknown OK  
Unknown OK; No P.O. Box  Father/SICO-PARENT CURRENT LEGAL NAME  6k. FATHER/SICO-PARENT DATE OF BIRTH  6l. FATHER/SICO-PARENT BIRTHPLACE (State, Territory, or Foreign Country)  6m. DATE FILED BY REGISTRAR (Month, Year)  Stamp w/Date Signed on Original

6n. REGISTRAR'S SIGNATURE

7a. ATTENDANT'S NAME AND NPI  7b. ATTENDANT'S RESIDENCE - STATE  7c. ATTENDANT'S RESIDENCE - CITY, TOWN, OR LOCATION  7d. ATTENDANT'S RESIDENCE - STREET AND NUMBER  7e. ATTENDANT'S RESIDENCE - APT. NO.  7f. ATTENDANT'S RESIDENCE - ZIP CODE  7g. INSIDE CITY LIMITS?  Yes  No  
Unknown OK  Father/SICO-PARENT BIRTHPLACE (State, Territory, or Foreign Country)  7h. DATE REPORT COMPLETED  7i. WAS AN AUTOPSY PERFORMED?  Yes  No  Planned  
If yes, name of facility used for autopsy:  No Unknown; No Blank  
DO NOT LEAVE BLANK

8a. REPORT COMPLETED BY:  NAME:  8b. ATTENDANT'S MAILING ADDRESS (Street or R.F.D. No, City, State, Zip)  8c. WAS AN AUTOPSY PERFORMED?  Yes  No  Planned  
If yes, name of facility used for autopsy:  No Unknown; No Blank  
DO NOT LEAVE BLANK

9a. METHOD OF DISPOSITION  Burial-Cemetery/Burial-Private Land/Entombment  Hospital Disposition  Cremation  Removal From State  Donation  Other (Specify)  NO UNKNOWN

10a. NAME AND ADDRESS OF FUNERAL ESTABLISHMENT OR PERSON ACTING AS SUCH  10b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place - CITY, STATE)  Name + City & State; No Unknown  
Full name and address; No unknown

11b. ATTENDANT'S MAILING ADDRESS (Street or R.F.D. No, City, State, Zip)  Full address; Unknown OK

12a. REPORT COMPLETED BY:  ATTENDANT'S NAME AND NPI  12b. DATE REPORT COMPLETED  12c. WAS AN AUTOPSY PERFORMED?  Yes  No  Planned  
If yes, name of facility used for autopsy:  No Unknown; No Blank  
DO NOT LEAVE BLANK

13a. WAS A HISTOLOGICAL OR PLACENTAL EXAMINATION PERFORMED?  Yes  No  Planned  
If yes, name of facility used for examination:  No Unknown; No Blank  
Completed weeks

14a. OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY  CHECK 3rd!  15a. ESTIMATED TIME OF FETAL DEATH   
Dead at time of first assessment, no labor ongoing   
Dead at time of first assessment, labor ongoing   
Died during labor, after first assessment   
Unknown time of fetal death

16a. 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

16b. 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

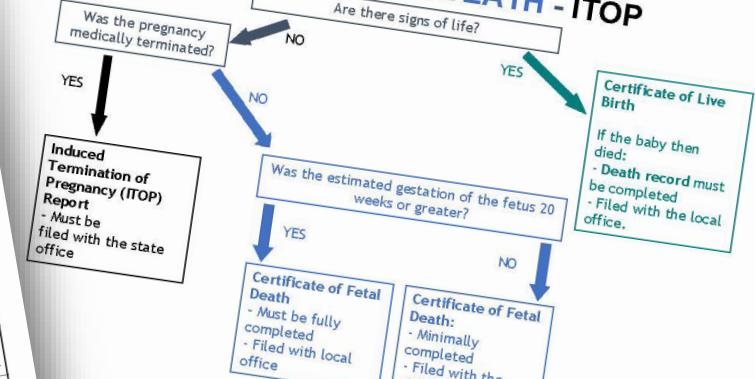
PARENT(S) MAY BE INTERESTED IN A STILLBIRTH CERTIFICATE  
\*\*\*If checked and <20 weeks, need fields 1, 2, 3, 4, 5b-f, 6b-c, 8a-b, and 14 completed



Birth, Fetal Death, ITOP - Registration  
Flowchart

August 2021

## LIVE BIRTH - FETAL DEATH - ITOP



Signs of Life:  
- Breathing, beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles

Definition of a Live Birth:  
It is the complete expulsion or extraction, from its mother, of a product of conception, irrespective of the duration of pregnancy, which, after such extraction, breathes, or shows any other evidence of life such as beating of the umbilical cord, or definite movement of voluntary muscles, but which prior to such extraction, was incapable of independent existence and respiration.

Definition of Pregnancy:  
The continuation of pregnancy is the purposeful interruption of pregnancy with the intent to produce a live-born infant.

Fetal Death:  
It is the death of the fetus prior to the complete expulsion or extraction, from its mother, of a product of conception, irrespective of the duration of pregnancy; the death is that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

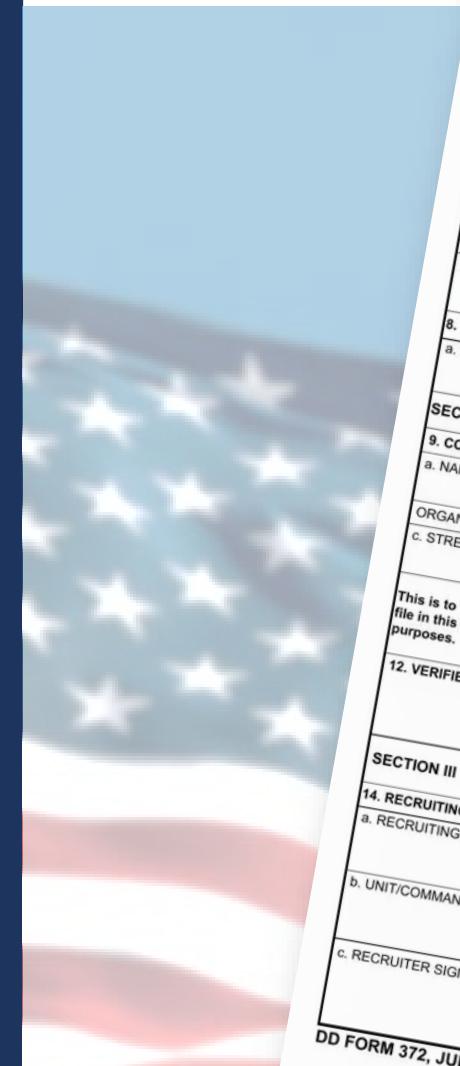
Office of the State Registrar of Vital Statistics





ARAPAHOE COUNTY

# 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.

1. DATE OF REQUEST (YYYYMMDD)	OMB No. 0704-0006 OMB approval expires July 31, 2023			
3. GENDER (X) <input type="checkbox"/> MALE <input type="checkbox"/> 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 and Maiden 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
This is to verify that the above data as corrected are true and correct according to the record on file in this office. These data are confidential and cannot be used in any manner except for official purposes.		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.



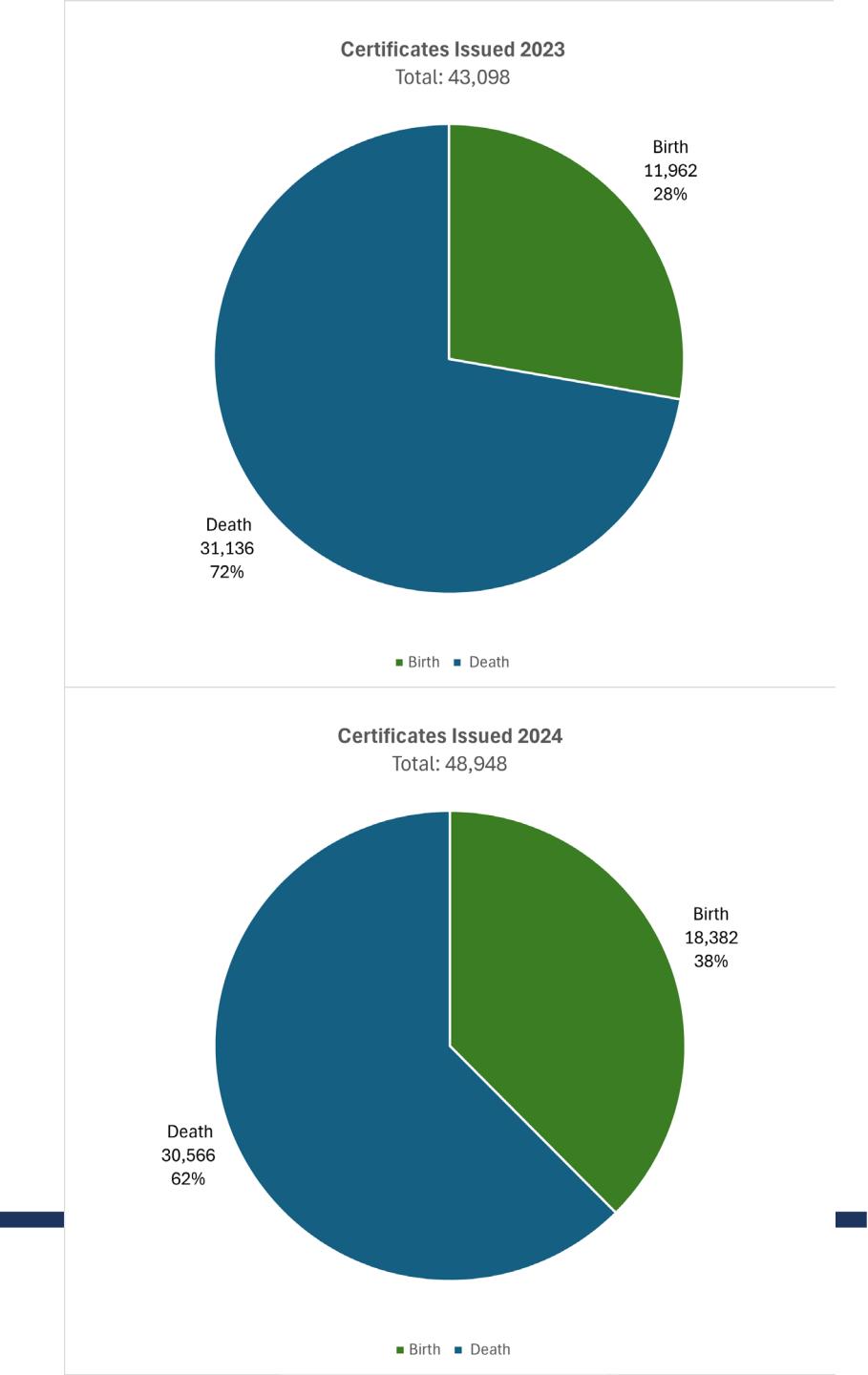
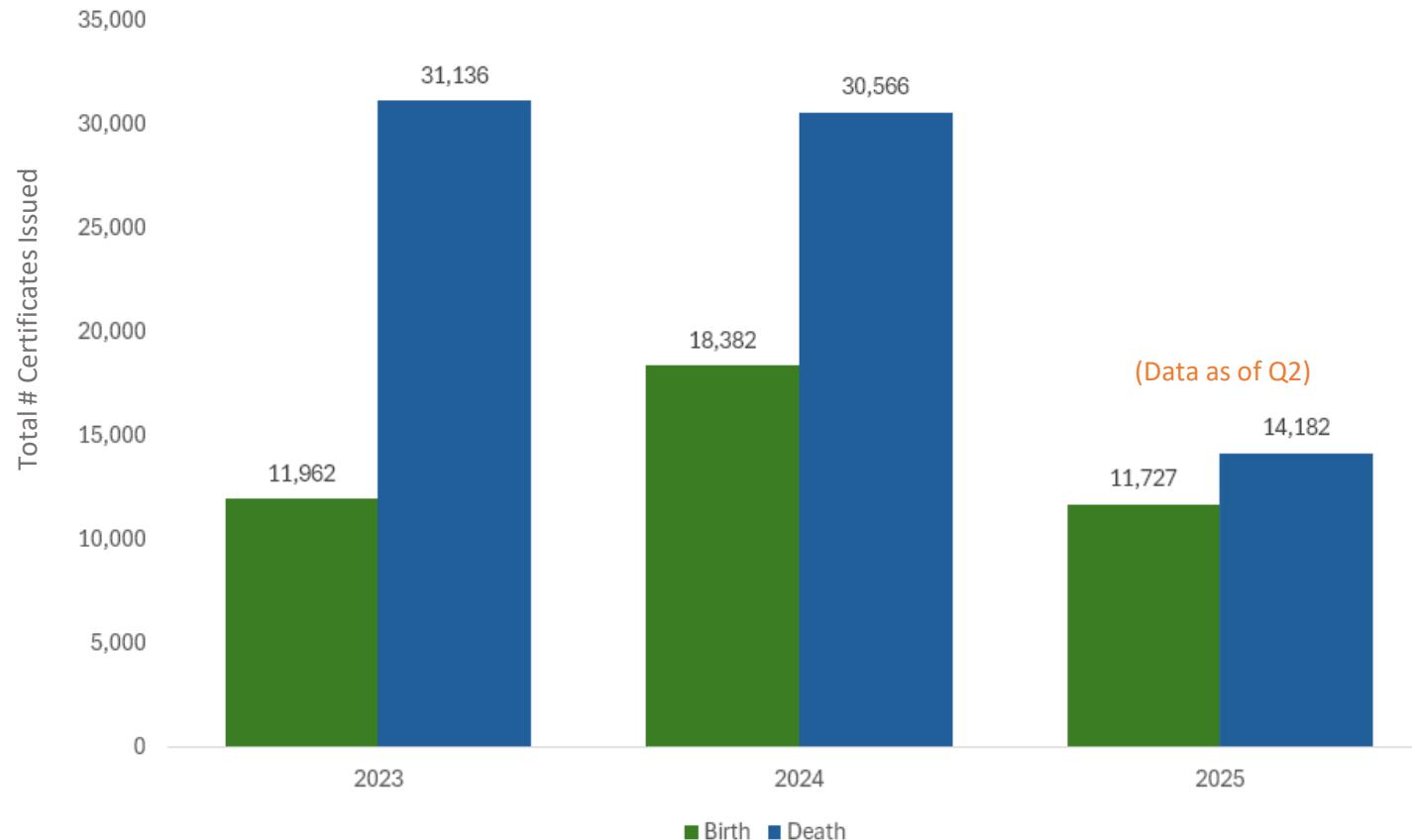
# Unattended Home Birth Registration

- 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





# Vital Records Revenue

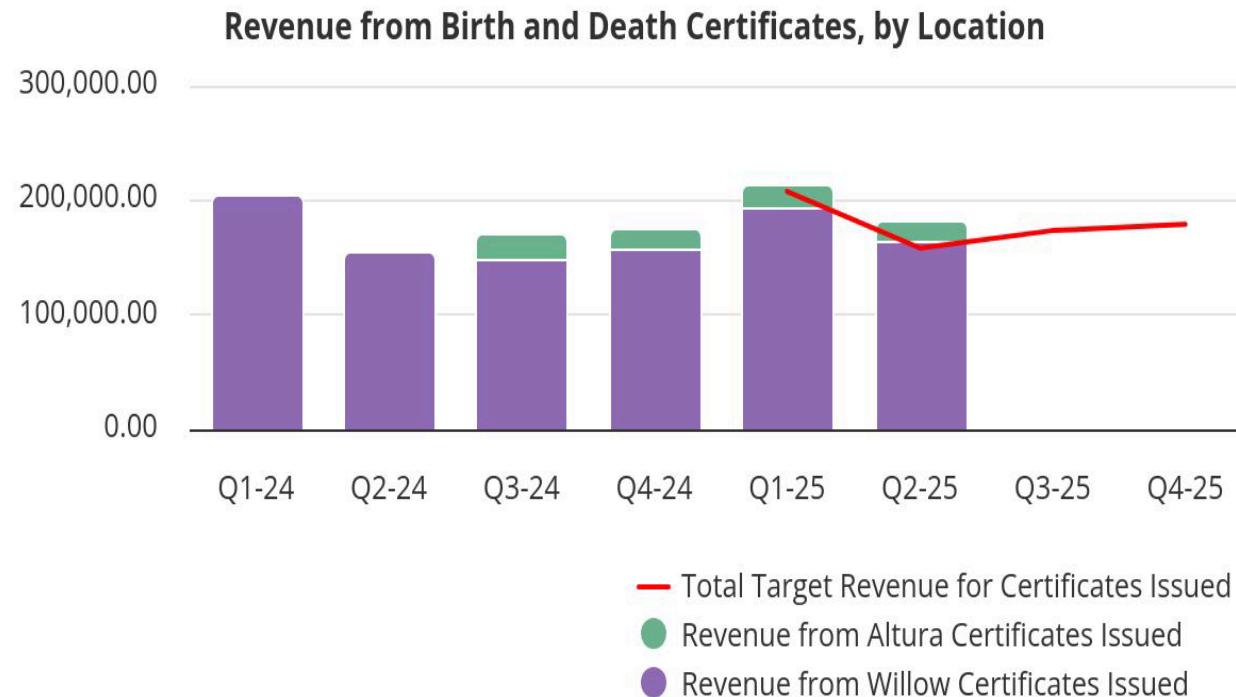
Vital Records is the only revenue generating program in the Department, contributing to the General Fund each year.

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
<b>2023</b>	\$588,110.00	\$(439,170.00)	<b>\$148,940.00</b>
<b>2024</b>	\$629,444.00	\$(426,461.00)	<b>\$202,983.00</b>



# Vital Records Revenue



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	\$207,702.00
Q2-24	\$155,104.00	\$-	\$155,104.00	\$158,205.00
Q3-24	\$148,171.00	\$21,980.00	\$170,151.00	\$173,554.00
Q4-24	\$155,994.00	\$19,534.00	\$175,528.00	\$179,039.00
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	\$181,768.00
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 20<sup>th</sup>, 2025

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

- Brandie, August 9<sup>th</sup>, 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 17<sup>th</sup>, 2025



ARAPAHOE COUNTY

# Thank You!

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