Colorado Department of Public Health and Environment

**FOR OFFICE USE ONLY:**

**ID\_\_\_\_\_\_\_\_\_\_ CASH\_\_\_\_\_\_\_\_\_\_\_**

**ISS\_\_\_\_\_\_\_\_\_ CHECK\_\_\_\_\_\_\_\_\_\_\_**

**OTHER\_\_\_\_\_\_\_\_\_\_**

Baca County Vital Records

741 Main Street Suite #2

Springfield, CO 81073

(719) 523-4262

Fax (719) 523-4302

**APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE**

**Information about person whose death certificate is requested – *please type or print***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name of  Deceased>>>>>>>> | First | | Middle | | | Last | | |
| Date of death  >>>>>>>>>>>>>>> | Month | Day | | Year | Age at death | | | State of birth |
| Place of death  >>>>>>>>>>>>>>>> | City | | | County (if known) | | | State  **COLORADO** | |
| Reason for Request  >>>>>>>>>>>>>>>> |  | | | | | | Today’s Date | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pursuant to Colorado Revised Statutes, 1982, 25-2-118 and as defined by Colorado Board of Health Rules and Regulations, applicant must have a direct and tangible interest in the record requested. The penalties for obtaining a record under false pretenses include a fine of not more and $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 below, I have read and understood that there are penalties for obtaining a record under false pretenses. All requests must be accompanied by a photocopy of the requestor’s identification before processing. PLEASE RETRUN YOU REQUEST WITH A PHOTOCOPY OF YOUR DRIVER’S LICENSE, STATE ID OR PASSPORT**. | | | |
| Signature of person Making Request | Your Relationship to deceased \*see reverse side | | |
| Address City State Zip | | Daytime Phone | |

Ways to order:

* Apply in person for same day service. Office hours are from 8:30 a.m. to 4:30 p.m. Monday –Friday.
* Mail in application with check or money order and copy of valid ID. Certificate(s) are mailed within three weeks via certified mail.

|  |
| --- |
| Charges: No. of Certs. Amount Due  Death Long Certificate $20 for 1st Copy \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Entire Record)  Legal Death Certificate $20 for 1st copy \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ALL legal no medical)  Verification Death Cert. $20 for 1st copy\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Limited Legal no medical)  Death Long Certificate $13 add’l copy \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Legal Death $13 add’l copy \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Verification Death $13 add’l copy \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TOTAL CHARGES \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

PLEASE COMPLETE THIS AREA

PRINT name and address

Name .

Address .

City/State/Zip .