FOR OFFICE USE ONLY:	
ID_____	CASH_____
ISS_____	CHECK_____
	OTHER_____

Colorado Department of Public Health and Environment
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.

PLEASE COMPLETE THIS AREA

PRINT name and address

Name _____.

Address _____.

City/State/Zip _____.

Charges:

Certified Death Certificate $20 for 1st copy $_____

$13 for additional copies $_____

TOTAL CHARGES $_____