

Official Use Only Above This Line

Rio Grande/Saguache Counties

Rio Grande County Clerk & Recorder
 Vital Records Section
 P. O. Box 160, 965 Sixth Street, Del Norte, Colorado 81132
 719.657.3334

Application for Certified Copy of Death Certificate

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

Check here if you are requesting a certificate of stillbirth

Full name of Deceased	First	Middle	Last
Date of Death	Month/Day/Year		Age at Death
Place of Death	City	County (if known)	
			State of Death COLORADO
Reason for Request			Today's Date
Pursuant to Colorado Revised Statutes, 1982, CRS 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 than \$1,000.00, or imprisonment in the county jail for not more than one year or both such fine and imprisonment.			
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 <u>photocopy of the requestor's identification</u> before processing.			
Person Making Request (please print)		Your Relationship to deceased:	
Address	City	State	Zip
			Daytime Phone
Signature of Person Making Request (<i>applications received without signatures cannot be processed</i>) X _____			

Please check type of first certificate needed – check one:

- Standard death certificate (entire record)..... 1 x 20 = _____
- Legal death certificate (all legal and no medical information)..... 1 x 20 = _____
- Verification of death (limited legal information and no medical information) 1 x 20 = _____

Additional certificate/s – Please check type of certificate needed and indicate the number of additional certificates requested:

- Standard death certificate (entire record)..... _____ x 13 = _____
- Legal death certificate (all legal and no medical information)..... _____ x 13 = _____
- Verification of death (limited legal information and no medical information) _____ x 13 = _____

Please check your shipping method:

- In Office (\$0.00)..... = _____
- Regular Mail (\$0.00)..... = _____
- Certified Mail (\$8.13)..... = _____
- Express Mail (\$28.75)..... = _____

Total Due = _____

**PLEASE RETURN YOUR REQUEST WITH A COPY OF YOUR DRIVER'S LICENSE, STATE ID OR PASSPORT.
 MAKE CHECKS PAYABLE TO "VITAL RECORDS".**