



PROWERS COUNTY OFFICE OF VITAL RECORDS

1001 S. MAIN ST. , ROOM 246

LAMAR COLORADO 81052

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APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Information about person whose death certificate is being 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	State of Death		
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 required. The penalties for obtaining a record under false pretenses include a fine of not more than \$1,000.00, or imprisonment.

By signing below, I have read and understood that there are penalties of obtaining a record under false pretenses. All requests must be accompanied by a copy of the requester's identification before processing. PLEASE RETURN YOUR REQUEST WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE ID, OR PASSPORT

Signature of person making request	Your Relationship to deceased			
Address	City	State	Zip	Daytime Phone Number ()

check a box

<input type="checkbox"/>	Long - complete death certificate
<input type="checkbox"/>	Legal - complete death certificate without the medical information
<input type="checkbox"/>	Verification - a certified letter verifying death

Fees: \$20.00 FOR ONE COPY & \$13.00 FOR EACH ADDITIONAL COPY ORDERED AT THE SAME TIME, FOR THE SAME CERTIFICATE. For genealogy purposes, if the year is unknown, there is the intial \$20.00 fee plus \$1.00 for every year requested to search thereafter.

NO CHECKS OR CREDIT CARDS ACCEPTED

Make money orders payable to **VITAL RECORDS**. Please do not send cash through the mail.

Identification and Proof of Relationship is Required

Official Use Only

Today's Date:	_____
Form of ID :	_____
ID Information:	_____
Number of Copies:	_____
Total Amount Paid :	_____
BN# :	_____
Free Certificate Issued for :	_____
ID Copied :	Issued by : _____