

**FEES: \$17 FIRST COPY
\$10 FOR EACH ADDITIONAL AT TIME OF APPLICATION**

**DELTA COUNTY CLERK
501 PALMER ST., SUITE 211
DELTA, CO 81416
970-874-2150**

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE
(Colorado has death records for the entire state since 1900)

INFORMATION ABOUT PERSON WHOSE DEATH CERTIFICATE IS REQUESTED - please type or print _____

Full Name First Middle Last
at Death

Date of Month Day Year
Death

Place of City County State
Death DELTA COLORADO

Reason for Request _____

Signature of Person Making Request Relationship to Deceased* Date
(All requests must be accompanied by a copy
of the requestors identification before processing)

Address _____ Daytime Phone _____

*See other side

PURSUANT TO COLORADO REVISED STATUTES, 1982, 25-2-118, AND AS DEFINED BY COLORADO BOARD OF HEALTH RULES AND REGULATIONS, I HEREBY CERTIFY THAT I HAVE A DIRECT AND TANGIBLE INTEREST IN THE DEATH RECORD REQUESTED. I ALSO UNDERSTAND THAT THERE ARE PENALTIES IN THE LAW FOR OBTAINING A RECORD UNDER FALSE PRETENSES, OR IF A PERSON ALTERS, USES, ATTEMPTS TO USE, OR FURNISHES TO ANOTHER FOR DECEPTIVE USE, OR SUPPLIES FALSE INFORMATION FOR ANY VITAL STATISTICS CERTIFICATE.

IDENTIFICATION SHALL BE REQUIRED TO PROTECT THE CONFIDENTIALITY OF DEATH RECORDS.
**PLEASE RETURN YOUR REQUEST WITH A COPY OF YOUR DRIVER'S LICENSE,
STATE ID OR PASSPORT. *****

Print name and address of person to whom the certified
copy is to be mailed to.

Number of copies ordered _____

Amount of order \$ _____

CERTIFIED FUNDS ARE REQUIRED

WHEN REQUEST IS FROM OUT OF

COUNTY OR OUT OF STATE.

THANK YOU.

***Certified copies of death certificates may be issued to:**

Parents

Grandparents

Stepparents

Siblings

Spouse

Adult children or grandchildren of the deceased

Legal representatives of any of the above

Legal representative of the deceased

Probate researchers

Others who may demonstrate a direct and tangible interest when information is needed for determination or protection of a personal or property right.

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. There are penalties by (CRS 25-2-118) for obtaining a record under false pretenses.