



DELTA COUNTY DEATH CERTIFICATE REQUEST

REQUIREMENTS:

- This request must be completed in full.
- Enclose a copy of a current driver license, passport or State identification. (Complete list of ID's are available online at www.colorado.gov/cdphe/vitalrecords)
- Enclose appropriate fees. **If out of State enclose a money order or cashier check.**
- Person requesting to receive death certificate must sign below.
- Proof of relationship or legal interest is required.

*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 STATISTIC CERTIFICATE.**

REQUESTOR INFORMATION:

Print name of person making request:	FIRST	MIDDLE	LAST	EMAIL	
Mailing Address		CITY	STATE	ZIP	DAYTIME PHONE
Physical Address		CITY	STATE	ZIP	ALT PHONE #
Relationship to Deceased. (Provide Proof of relationship)	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Funeral Director <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other: _____				
Reason for Request:	<input type="checkbox"/> Insurance <input type="checkbox"/> Social Security <input type="checkbox"/> Property <input type="checkbox"/> Genealogy <input type="checkbox"/> Other: _____				

DECEASED INFORMATION:

Full Name of Deceased	FIRST	MIDDLE	LAST		
Date of Death	MONTH/DAY/YEAR	Place of Death	CITY	COUNTY	STATE COLORADO

By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses.

Signature:				Date:
Fees	\$25.00 for the first copy \$20.00 for additional copies	Types of Death Certificates	<input type="checkbox"/> Standard Certificate (Entire Record) # _____ <input type="checkbox"/> Legal Certificate (All legal and no Medical information) # _____ <input type="checkbox"/> Verification (Limited legal info and no medical info) # _____	
Money Order/Cashier Check made payable to:		Total No. Certificates ordered _____ Total Fees: _____		

Delta County Clerk

501 Palmer Street #211, Delta CO 81416

Phone: 970.874.2150 FAX: 970.874.2161