



Public Health
Prevent. Promote. Protect.

KIOWA COUNTY PUBLIC HEALTH
P.O. Box 414
1309 Maine Street
Eads, CO
Phone (719) 438-5782

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
Place of death	City	County	State of Birth
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 than \$1,000, 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 copy of the requestor's identification before processing. PLEASE RETURN YOUR REQUEST WITH A PHOTOCOPY OF YOUR DRIVERS LICENSE, STATE ID OR PASSPORT Full list of Primary and Secondary Identification listed on other side.

Signature of person making request X	Your Relationship to deceased
Drivers License #	State of License
Address	Expiration Date
City	State
Zip	Daytime Phone ()

Ways to Order:

Apply in person for same day service. Cash and money orders accepted.
Mail in request. Certificate will be mailed within three-four business days.
Genealogy request will be mailed within two weeks.
For genealogy research, some records are available from years 1892-1908.

Charges

Effective August 1, 2012

\$20.00 for first copy (or search of files when no record is found).
\$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 initial \$20.00 fee plus \$1.00 for every year requested to search thereafter.

Make money order payable to Vital Records. Please do not send cash through the mail. No checks or credit cards.

Identification and Proof of Relationship is Required

Office Use Only!

Today's Date _____

Number of Copies _____

Total Amt Paid \$ _____

BN# _____

Proc Certificate Issued for _____

ID Copied _____ Issued By _____

Staff Initials

Staff Initials