

Kiowa County Public Health Agency

P. O. Box 414 1309 Maine Street Eads, CO 81036 Phone: (719) 438-5782 Fax: (719) 438-2208 Fees: \$20.00 for one copy & \$13.00 for each additional copy of the same record at the same time.

CASH OR MONEY ORDERS ONLY

Cash or Money orders accepted. No checks or credit cards.

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 | Middl | е | | Last |
|--------------------------|-------|-------|------|--------------|----------------|
| Date of Death | Month | Day | Year | Age at Death | State of Birth |
| Place of Death | City | Coun | ty | | 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 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. (CRS 25-2-118)

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.

| Signature of Person Making Request | Your Relationship to Deceased | | |
|--|-------------------------------|-------|-----------------|
| Driver's License # | State of License | | Expiration Date |
| Address | City | State | Daytime Phone |
| Ways to Order: Apply in person for same day service. | | ÷ | Legal |

Ways to Order: Apply in person for same day service.

Mail in Request: Certificate will be mailed within three-four business days.

Genealogy request will be mailed within two weeks.

Longform Verification

For genealogy research, some records are available from years 1892-1909.

Charges: \$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 orders payable to Kiowa County Public Health. Please do r

Identification and Proof of Relationship is Required

| not send cash through the mail. No checks of credit cards | | | | | | |
|---|--|--|--|--|--|--|
| Office Use Only | | | | | | |
| Today's Date: | | | | | | |
| Number of Copies: Total Amt. Paid: \$ | | | | | | |
| DCN#: | | | | | | |
| Free Cert Iss. For: | | | | | | |
| ID Copied: Issued By Staff Initials Staff Initials | | | | | | |