GARFIELD COUNTY CLERK & RECORDER 109 8<sup>TH</sup> STREET SUITE 200 GLENWOOD SPRINGS, CO. 81601 970-384-3700 OPTION 4 vitalrecord@garfield-county.com

*****OFFICE USE ONLY*****	
DATE PRINTED:	
NUMBER ISSUED:	
PAYMENT:	
DCN NUMBER:	

APPLICATION FOR CERT	FIED COPY	OF DEATH CERT  Death Certificate  Death Verification  Death Legal		
Cost of Certificates Effective August 1, 2012 \$20.00 for the 1 <sup>st</sup> copy (or search when no rec \$13.00 for each additional copy Make ch				
REQUESTOR INFORMATION				
Print name of person making request:				
AddressStreet Number or PO Box				
			Zip Code	
Daytime Phone Alternate Phone Pursuant to Colorado Revised Statutes, 1982, 26-2-118 and as defined by Colorado Board of Health				
Rules and Regulations, applicant must ha				
The penalties for obtaining a record unde	r false pretenses i	nclude a fine of not more	than \$1000.00,	
or imprisonment in the County jail for n	ot more than a yea	ar or both, fine and impr	risonment (CRS	
25-2-118).				
PLEASE RETURN YOUR REQUEST V			R'S LICENSE,	
STATE ID OR PASSPORT AND PROOF OF RELATIONSHIP.  By signing, I have read and understood that there are penalties for obtaining a record under false pretences.				
by Signing, I have read and understood that	inere are penaities io	r obtaining a record under is	aise pretences.	
Signature:		Date:		
Signature.		_ Date.		
Relationship to Deceased:				
neidelensmp to 2 ededsed.				
Check here if you are requesting a certificate of stillbirth				
	_			
Decedent's Information				
Full Name of Deceased:				
Date of Death: Ag	e at Death:	State of Birth:		
County of Death:				
Reason for Request:				