

**Colorado Death Certificate Request**  
 Montrose County Clerk and Recorder-Vital Statistics  
 320 South 1<sup>st</sup> Street, Room 101, Montrose, CO. 81401

\*\*Valid ID required\*\*

\*\*Proof of relationship required (if applicable)\*\*

Office Use Only DCN# _____  Initials: _____  Payment type: _____
---

**Requestor Information:**

(Print name of person making request)	First:	Middle:	Last:
Mailing Address:	City:	State:	Zip: Daytime phone ( )
What is your relationship to registrant (submit proof if applicable)	<input type="checkbox"/> Child	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Sibling
Reason for request:	<input type="checkbox"/> Insurance	<input type="checkbox"/> Social Security	<input type="checkbox"/> Property
	<input type="checkbox"/> Genealogy	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Step-Parent
			<input type="checkbox"/> Funeral Director

**Decedents Information:** Information about person whose death certificate is being requested

Full name of deceased:	First:	Middle:	Last:
Date of death:	Month	Day	Year
	City or County of death:		State of death: <b>Colorado</b>

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 \$1,000.00, or imprisonment in the county jail for not more than one year of both such fine and imprisonment (CRS 25-2-118)

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

Number of copies requested

Today's Date



**Charges (fees are non-refundable): \*\*\*Cash, Credit Card, Money Order or Cashiers Check ONLY\*\*\***  
 There are three types of death certificates to choose from. You may mix and match types for the same decedent.  
**FIRST COPY of any type (or search of files even if no record found) ----- \$20.00**  
**EACH ADDITIONAL COPY of any type ----- \$13.00 each**

Type of Death Certificate requested	Number of copies	Total Fees
Standard (Full) Death Certificate:		
Legal (Short) Death Certificate:		
Verification of Death:		
<b>TOTALS:</b>		\$

\*\*\*\*\*OFFICE USE ONLY BELOW THIS LINE\*\*\*\*\*

**List what type of ID used by requestor and expiration dates if applicable:** (primary list we only need one form/Secondary list we need two:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Proof of relationship:**

-If requestor is sibling you need a copy of their birth certificate to prove siblings have at least one same parent or you can verify this in the system if they were born in Colorado  
 -If requestor is Grandparent you need their child's birth certificate (who is either the mother or father of the registrant) or verify in the system if born in Colorado  
 Indicate type of ID used to prove relationship: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*CREDIT CARD ORDERS\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Credit Card orders: \*\*\*\* (3.5% credit card convenience charge to be added) \*\*\*\*

Card Type:  Visa  Mastercard  Discover  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CVV Security Code (on back of card) \_\_\_ \_\_

Print Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

\*\*\*\*\*By signing you agree to pay all charges including the 3.5% credit card convenience fee\*\*\*\*\*

\*\*Card information is only required for mail in requests and will be destroyed after processing\*\*