



APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

**Room 111 County Courthouse
Attn: Vital Records
13 W Third Street, La Junta, CO 81050
Telephone: (719) 383-3040**

DEPARTMENT OF HEALTH

Date: _____

FEE -- \$20.00 FOR FIRST COPY - \$13.00 FOR ADDITIONAL COPIES

REQUESTS BY MAIL: ENCLOSE PAYMENT (CHECK OR MONEY ORDER MADE PAYABLE TO "OTERO COUNTY HEALTH DEPARTMENT")
A SELF-ADDRESSED, STAMPED ENVELOPE WITH SUFFICIENT POSTAGE ATTACHED; AND APPROPRIATE COPY OF YOUR CURRENT, VALID IDENTIFICATION.

FULL NAME OF DECEASED: _____
FIRST NAME MIDDLE NAME LAST NAME

PLACE OF DEATH: _____ DATE OF DEATH: _____

Number of Copies: _____ REASON FOR REQUESTING COPY: _____

Legal: ____ Full: ____ Verification: ____ SIGNATURE: _____

These records are confidential - ADDRESS: _____
Please state your relationship to the Deceased.

CITY, STATE, & ZIP: _____

PHONE #: _____

PENALTY BY LAW IF ANY PERSON ALTERS, USES, ATTEMPTS TO USE OR FURNISHES TO ANOTHER FOR DECEPTIVE USE OR SUPPLIES FALSE INFORMATION FOR ANY VITAL RECORD.

If you are requesting vital statistic record(s) by mail request, please read this FIRST

Mail request terms and conditions

- ✓ Please ensure all fields on the application are complete and accurate and that adequate, appropriate proof of your identity (and relationship to registrant) is included. Please write clearly and legibly. Incomplete, illegible, and/or missing information on the application may delay issuance or issuance may be denied;
- ✓ The requestor is solely responsible for all postage. Please include a self-addressed, stamped envelope with adequate postage. Special delivery options (registered mail, return receipt, etc.) are the sole responsibility of the requestor. Inadequate postage will delay issuance;
- ✓ Please ensure that the address on the application matches the address on the self-addressed, stamped envelope. This must be done because we can only issue to an appropriate requestor;
- ✓ The requestor agrees to assume all risks associated with the delivery of documents through any carrier (USPS, UPS-, Fed Ex, etc.), such risks including, but not limited to, the following: Lost mail, delivery to wrong address, delayed delivery, etc.;
- ✓ The Otero County Health Department (OCHD) is not responsible in any way for vital record(s) after they have been given to the carrier. If the carrier fails to deliver the document, OCHD will not issue a refund nor free replacement;
- ✓ By submitting an application for vital record(s) as described above, the requestor acknowledges that they have read, understand, and agree to the aforementioned terms and conditions.