**Application for Certified Copy of Death Certificate**

Information about person whose death certificate is requested – please type or print.

- Check here if you are requesting a certificate of stillbirth

<table>
<thead>
<tr>
<th>Full name of Deceased</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Death</td>
<td>Month/Day/Year</td>
<td>Age at Death</td>
<td>State of Birth</td>
</tr>
<tr>
<td>Place of Death</td>
<td>City</td>
<td>County (if known)</td>
<td>State of Death</td>
</tr>
</tbody>
</table>

**Reason for Request**

Today’s Date

Pursuant to Colorado Revised Statutes, 1982, CRS 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 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 photocopy of the requestor’s identification before processing.

Person Making Request (please print)  | Your Relationship to deceased:

Address  | City | State | Zip | Daytime Phone

Signature of Person Making Request (applications received without signatures cannot be processed)

X

Please check type of first certificate needed – check one:

- Standard death certificate (entire record)…………………………………………………………………………………………. 1 x 20 =
- Legal death certificate (all legal and no medical information)…………………………………………………………………… 1 x 20 =
- Verification of death (limited legal information and no medical information) ................................. 1 x 20 =

Additional certificate/s – Please check type of certificate needed and indicate the number of additional certificates requested:

- Standard death certificate (entire record)…………………………………………………………………………………………. x 13 =
- Legal death certificate (all legal and no medical information)…………………………………………………………………… x 13 =
- Verification of death (limited legal information and no medical information) ................................. x 13 =

Please check your shipping method:

- In Office ($0.00).................................................................................................................. =
- Regular Mail ($0.00).............................................................................................................. =
- Certified Mail ($7.50)........................................................................................................... =
- Express Mail ($25.50)......................................................................................................... =

Total Due = ____________________

PLEASE RETURN YOUR REQUEST WITH A COPY OF YOUR DRIVER’S LICENSE, STATE ID OR PASSPORT. MAKE CHECKS PAYABLE TO “VITAL RECORDS”.

REV 05/2019