



<http://www.tchd.org>  
 Email: [vitalrecords@tchd.org](mailto:vitalrecords@tchd.org)  
 Tel: (720) 200-1401

**Tri-County Health Department**

Office of Vital Records  
 6162 S. Willow Drive, Suite 100  
 Greenwood Village, CO 80111

Office of Vital Records  
 4201 E. 72nd Ave., Suite D  
 Commerce City, CO 80022

<b>Staff Use Only:</b>	V-10 3/17
DCN: _____	
Staff: _____	Date: _____

## Application for Certified Copy of Death Certificate

### Requestor Information

Information about the person requesting the death certificate – please print.

Print name of person making request:				Daytime Phone:	
Mailing Address:					
Physical Address:		City	State	Zip	
<input type="checkbox"/> If same as above					
Your relationship to person named on certificate ( <b>Proof needed if your name is not listed on certificate</b> ):					
<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Government Agency <input type="checkbox"/> Genealogist					
<input type="checkbox"/> Ex-Spouse (direct and tangible interest required) <input type="checkbox"/> Other _____					

### Decedent Information

Information about the person whose death certificate is being requested – please print.

Full Name of Deceased	First			Middle			Last		
	Month	Day	Year	Age at Death		Place of Birth	State or Foreign County		
Date of Death / Age	City			County			State		
Place of Death						<b>Colorado ONLY</b>			
Reason for Request	<input type="checkbox"/> Social Security <input type="checkbox"/> Records <input type="checkbox"/> Benefits <input type="checkbox"/> Closing Accounts <input type="checkbox"/> Personal <input type="checkbox"/> Other: _____								

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 or both such fine and imprisonment (CRS 25-2-118)

By <b>signing in this box</b> , I have read and understood that there are penalties for obtaining a record under false pretenses.	Today's Date
X	

Parents, Spouse and Informants will only require Primary ID <u>IF</u> listed on Death Certificate	
Primary ID Listing (at least one) or visit our website for additional ID options	
<ul style="list-style-type: none"> <li>• Alien Registration Receipt or Permanent Resident Card (INS I-151 or I-551)</li> <li>• Certificate of US Citizenship (N-560-561)</li> <li>• City of Denver/Denver County Jail Temporary Inmate ID</li> <li>• CO Department of Corrections ID Card</li> <li>• CO Temporary Driver's License / State ID</li> <li>• Department of Human Services Youth Corrections ID</li> <li>• Employment Authorization Card (I-766)</li> <li>• Foreign Passport</li> <li>• Government Work ID</li> </ul>	<ul style="list-style-type: none"> <li>• Job Corps ID Card</li> <li>• Photo Driver License</li> <li>• Photo ID card (DMV)</li> <li>• School, University, or College ID Card (current school year)</li> <li>• Temporary Resident Card (I-688, I-688A, or I-688B)</li> <li>• US B1/B2 Visa Card <b>PLUS</b> I-94</li> <li>• US Certificate of Naturalization N-550/570</li> <li>• US Citizenship ID Card (I-197)</li> <li>• US Military Identification Card</li> <li>• US Passport</li> </ul>
*For payment by fax or mail, enter card info below or make checks/money orders payable to TCHD*	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Cardholder name: _____	
Cardholder Signature: _____	
Card Number: _____	
Expiration Date: ____/____/____	

Type of Certificate	Quantity
➤ Standard Death Certificate (entire record)	_____
➤ Legal Death Certificate (no medical information)	_____
➤ Verification of Death (limited legal information and no medical information)	_____
Total Payment Amount	
Cost of first certificate	\$ <u>20.00</u>
Additional certificate(s) \$13.00 (Of same record ordered at same time)	\$ _____
FedEx \$25.00 – 2 day (optional)	\$ _____
Total Cost	\$ _____