



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

Office of Vital Records

410 S. Wilcox Street, Castle Rock, CO 80104
 4201 E. 72nd Ave, Unit D, Commerce City, CO 80022
 6162 S. Willow Drive, Suite 100, Greenwood Village, CO 80111

Staff Use Only:	V-12 12/18
DCN: _____	
Staff: _____	Date: _____

Application for Certified Copy of Death Certificate

Requestor Information

Completed application	Required ID (see below or visit our website for additional options)	Payment	Tangible interest documents (if applicable)
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Requestor Information

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

Print name of person making request:	Daytime Phone:
Mailing Address: _____	City _____ State _____ Zip _____
Your relationship to person named on certificate (Proof needed if your name is not listed on certificate):	
<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 _____
Date of Death / Age	Month _____ Day _____ Year _____	Age at Death _____	Place of Birth _____ State or Foreign County _____
Place of Death	City _____ County _____	State _____	Colorado ONLY
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 signing in this box, 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 IF listed on Death Certificate	
Primary ID Listing (at least one) or visit our website for additional ID options	
<ul style="list-style-type: none"> Alien Registration Receipt or Permanent Resident Card (INS I-151 or I-551) Certificate of US Citizenship (N-560-561) City of Denver/Denver County Jail Temporary Inmate ID CO Department of Corrections ID Card CO Temporary Driver's License / State ID Department of Human Services Youth Corrections ID Employment Authorization Card (I-766) Foreign Passport Government Work ID 	<ul style="list-style-type: none"> Job Corps ID Card Photo Driver License Photo ID card (DMV) School, University, or College ID Card (current school year) Temporary Resident Card (I-688, I-688A, or I-688B) US B1/B2 Visa Card PLUS I-94 US Certificate of Naturalization N-550/570 US Citizenship ID Card (I-197) US Military Identification Card US Passport

For payment by fax or mail, enter card info below or make checks/money orders payable to TCHD

Card Type: Visa MasterCard Discover AMEX

Cardholder name: _____

Cardholder Signature: _____

Card Number: _____

Expiration Date: ____/____/____ CVV: _____

Type of Certificate	Quantity
> Long Legal (entire record)	_____
> Short Legal (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	\$ _____