



<http://www.tchd.org>  
 Email: [vitalrecords@tchd.org](mailto: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

<b>Staff Use Only:</b>	V-11 1/18
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:     Visa    MasterCard    Discover    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)	\$ _____
<b>Total Cost</b>	\$ _____