



MAIL TO: Tri-County Health Department
 Office of Vital Records
 7000 E. Belleview Ave. Suite 301
 Greenwood Village, CO 80111-1628
 303-220-9200

Please return request with a photocopy of your driver's license, state ID or passport

Application for Certified Copy of Death Certificate

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

Full name of deceased	First			Middle		Last	
Date of death	Month	Day	Year	Age at death		State of Birth	
Place of death	City			County		State Colorado	
Reason for request						Today's Date	

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 below, I have read and understood that there are penalties for obtaining a record under false pretenses. All requests must be accompanied by a copy of the requestor's identification before processing. **PLEASE RETURN YOUR REQUEST WITH A LEGIBLE PHOTOCOPY OF YOUR DRIVER'S LICENSE, STATE ID OR PASSPORT.**

Signature of person making request	Relationship to registrant	Daytime phone number	Drivers License #	State of License	Expiration Date
Address		City	State	ZIP	

- Ways to order:**
- **Apply in person** for same day service. Office hours are from 8:00 a.m. to 5:00 p.m. Monday–Friday.
 - **Order certificate online** at www.tchd.org
 - **Fax your application** to 303-221-2906 with a copy of your driver's license and credit card information.
 - **Mail in application** with a copy of your ID and a check, money order, or credit card information.

Credit card orders: Card type: VISA MasterCard Discover

Cardholder name: _____

Card Number: _____

Exp. Date: ___/___/___

Number of Certified copies	_____
Cost of first certificate \$17	\$ _____
Additional certificate \$10 (of same record ordered at same time)	\$ _____
Convenience charge \$9 Credit card orders only (walk-in's excluded)	\$ _____
FedEx \$20.00 (optional)	\$ _____
Total Charges	\$ _____

Check or Money Order: Make payable to Tri-County Health Department. Please do not send cash.

COMPLETE THIS AREA:

Daytime Phone Number: _____

RETURN TO:

Name _____

Address _____

City/State/Zip _____

For more information,
call (303) 220-9200
 – or –
fax # 303-221-2906
 – or –
order online at www.tchd.org

FORM MUST BE COMPLETE – TOP AND BOTTOM