

Staff Use Only:	V-13 05/2019
DCN: _____	
Staff: _____	Date: _____

Web: douglas.co.us/health-department/vital-records

Email: VitalRecords@douglas.co.us

Tel: (720) 643-2480

Application for Certified Copy of Death Certificate

Requestor's Required Information:

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

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
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: ____/____/____ 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)	\$ _____
UPS \$20.00 - 2 business day delivery (Optional)	\$ _____
Total Cost	\$ _____