

Vital Records
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| FOR OFFICE USE ONLY | | |
|---------------------|---------------|------------|
| DCN # _____ | | |
| CASH | CHECK # _____ | CC # _____ |

Colorado Death Certificate Application

Requestor, please include the following for processing:

☐ Completed application
 ☐ Required ID
 ☐ Payment
 ☐ Tangible interest documents

Requestor Information

| | | | |
|---|------------|----------------------|----------------|
| Print name of the person making the request: _____ | | Daytime Phone: _____ | |
| Mailing Address: _____ | City _____ | State _____ | Zip Code _____ |
| Your relationship to the deceased (proof needed if your name is not listed on the certificate): <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Stepparent <input type="checkbox"/> Government Agency <input type="checkbox"/> Legal Representative <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Genealogist <input type="checkbox"/> Other _____ | | | |
| Reason for Request: <input type="checkbox"/> Insurance <input type="checkbox"/> Social Security <input type="checkbox"/> Property <input type="checkbox"/> School <input type="checkbox"/> Genealogy <input type="checkbox"/> Other _____ | | | |

Deceased Information

| Full name of the Deceased | First _____ | | Middle _____ | | Last _____ | | Suffix _____ |
|--|-------------|-----------|--------------|--------------------|----------------------|--------------------------------|--------------------|
| Date of Death | Month _____ | Day _____ | Year _____ | Age at death _____ | Place of Birth _____ | State or Foreign Country _____ | |
| Place of Death | City _____ | | County _____ | | State _____ | | |
| 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 _____ |

Sign here

| Primary ID Listing (at least one) or visit our website for additional ID options | Order Quantity |
|---|---|
| <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 or N-561) • City of Denver/Denver County/Pueblo County Jail Temporary Inmate ID • CO Department of Corrections ID Card • CO Department of Human Services Youth Corrections ID • CO Temporary Driver's License/State ID (within 30 days) • Employment Authorization Card (I-776) • Foreign Passport • Government Work ID (US) • Job Corps ID Card • International Driving License or Photo ID Card (Issued by Country) • Photo Driver License/ID card (DMV-US) • School, University, or College ID Card (US- 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 or N-570 w/Photo) • US Citizenship ID Card (I-197) • US Merchant Mariner Card (w/Photo) • US Military ID Card • US Passport Book/Card | Number of certificates _____ <input type="checkbox"/> Standard <input type="checkbox"/> Legal Cost of first certificate \$20 _____ Additional certificates(s) \$13 each (of the same record, issued on the same day) _____ Death verification \$20.00 for one _____ Total Charges _____ All mail-in orders are shipped via regular mail unless a pre-paid FedEx or UPS envelope is provided by the customer. We are not responsible for records lost in the mail. |
| *For payment by email, fax or mail, enter card info below or make checks/money orders payable to | |
| Card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Cardholder name: _____ Cardholder signature: _____ Card number: _____ Expiration date: ____/____/____ CVV: _____ | |

| The Office of the State Registrar of Vital Statistics requires the following documentation: | |
|--|--|
| Death certificates may be issued to: | Document(s) needed to prove the relationship: |
| Current spouse | Must be listed on the death certificate |
| Ex-spouse | Must present proof of direct & tangible interest (i.e. Social Security record, insurance policy). |
| Parent | Must be listed on the death certificate. |
| Stepparent | Marriage certificate proving relationship to a parent that is listed on the death certificate. |
| Siblings/Half siblings | Birth certificate showing at least one same parent required (cannot accept baptismal, hospital records or school records, unless the customer presents a letter from the state of birth stating no record of birth was found). |
| Children/Grandchildren/great grandchildren | Birth certificate(s) showing relationship is required (cannot accept baptismal, hospital records or school records, unless the customer presents a letter from the state of birth stating no record was found). |
| Stepchildren | Marriage certificate & birth certificate proving relationship required. |
| Legal representative/Paralegals | Proof of client relationship is required as well as proof of the client's relationship to the registrant. |
| Opposing counsel | Certificate will be mailed to court w/motion to seal "confidential record." Name, address and case number of the court is required. |
| Genealogists | Notarized signed release from immediate family member required as well as proof of the family member's relationship. Certificate marked "For Genealogical Use Only" |
| In-laws/aunts/uncles/nephews/nieces/cousins | For death certificate 25 years or younger – Must present proof of direct & tangible interest (i.e. insurance policy, personal will, etc.) For death certificates over 25 years – Must present proof of relationship (a family tree would be acceptable for this case). Death certificate marked "For Genealogical Use Only" |
| Probate Researchers | Proof of direct & tangible interest required. |
| Creditors | Proof of direct & tangible interest required. |
| Employer | Proof of direct & tangible interest required. |
| Beneficiaries | Proof of direct & tangible interest required (i.e. letter on insurance company/pension company letterhead that clearly states the applicant is a beneficiary or is eligible to file a claim). |
| Insurance companies | Proof of direct & tangible interest required (insurance policy). |
| Hospital/Nursing home/Hospice/Physician | Proof of patient relationship required. |
| Funeral Director | Must be listed on death certificate. |
| Informant | Must be listed on death certificate |
| Others who may demonstrate a direct and tangible interest when information is needed for determination or protection of a personal or property right | Proof of direct & tangible interest required. |