

Vital Records  
1675 W. Garden of the Gods Rd. Suite 2044  
Colorado Springs, CO 80907  
Website: [www.elpasocountyhealth.org](http://www.elpasocountyhealth.org)  
Phone: (719) 575-8492  
Online Orders: [www.vitalchek.com](http://www.vitalchek.com)



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 ( <b>proof needed if your name is not listed on the certificate</b> ): <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <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 <b>COLORADO ONLY</b>		
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"> <li>• Alien Registration Receipt or Permanent Resident Card (INS I-151 or I-551)</li> <li>• Certificate of US Citizenship (N-560 or N-561)</li> <li>• City of Denver/Denver County/Pueblo County Jail Temporary Inmate ID</li> <li>• CO Department of Corrections ID Card</li> <li>• CO Department of Human Services Youth Corrections ID</li> <li>• CO Temporary Driver's License/State ID (within 30 days)</li> <li>• Employment Authorization Card (I-776)</li> <li>• Foreign Passport</li> <li>• Government Work ID (US)</li> <li>• Job Corps ID Card</li> <li>• International Driving License or Photo ID Card (Issued by Country)</li> <li>• Photo Driver License/ID card (DMV-US)</li> <li>• School, University, or College ID Card (US- Current school year)</li> <li>• Temporary Resident Card (I-688, I-688A, or I-688B)</li> <li>• US B1/B2 Visa Card PLUS I-94</li> <li>• US Certificate of Naturalization (N-550 or N-570 w/Photo)</li> <li>• US Citizenship ID Card (I-197)</li> <li>• US Merchant Mariner Card (w/Photo)</li> <li>• US Military ID Card</li> <li>• US Passport Book/Card</li> </ul>	Number of certificates _____ <input type="checkbox"/> Standard <input type="checkbox"/> Legal Cost of first certificate \$25 _____ Additional certificates(s) \$20 each (of the same record, issued on the same day) _____ Death verification \$20.00 for one _____ <b>Total Charges</b> _____  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 Vital Records	
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.