



Application for Certified Death Certificate

Apply in person for same-day services
Walk-in Hours: Monday-Friday 8:30 – 4:30

STEP 1: DECEASED INFORMATION

Full Name of deceased

first name | middle name | last name | suffix

Date of Death or range of dates (MM/DD/YYYY)

Date of Birth or age at death (optional)

State of Birth (optional)

Place of Death City

County

State

Colorado Only

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).

Sign Here

By signing below, I have read and understand that there are penalties for obtaining a record under false pretenses.

Signature:

Today's Date:

STEP 2: REQUESTOR INFORMATION

Your Full Name (Applicant) first name | middle name | last name | suffix

Mailing Address | City | State | Zip Code | Daytime Phone Number

Physical Address | City | State | Zip Code | Alternate Phone Number

Relationship to Deceased (Must submit proof of relationship – see reverse side) | Email Address

Reason for request (i.e.: Insurance, Social Security, Property, Genealogy, etc.)

COST

A: Certificate Costs

TOTAL A = \$ _____

Type*: Standard Legal Verification of Death

Certified copy (1st copy) \$25.00

_____ Additional copies \$20.00 ea.

non-refundable

C: Delivery Method * (You **MUST** select one)

TOTAL C = \$ _____ *

UPS NextDay Air.....(at cost) ~\$50.00

U.S. Postal Service 1st Class Mail.....\$2.00

FedEx 2Day.....\$11.00

In Person Pick-up.....\$0.00

UPS/FedEx will not deliver to a P.O. Box. Processing times may vary

** If submitting multiple applications at one time, all with the same delivery address, only include payment for one (1) Delivery Method, not one for each application.*

B: Credit Card Convenience Charge

non-refundable

TOTAL B = \$1.00

TOTAL AMOUNT DUE (A+B+C) = \$ _____

PAYMENT INFORMATION

Select Payment Method: **DO NOT SEND CASH**

Submit separate payment for each application

Credit Card



Credit Card # _____ Exp. Date _____

Cardholder Signature _____

Personal or Business Check (payable to: Las Animas County Health Dept.)

*Certificate types:

Standard: Entire record

Legal: All legal information with no medical

Verification of Death: limited legal and no medical

MAIL, FAX or SECURE EMAIL YOUR SIGNED AND COMPLETED FORM

Please submit your completed form, along with ID and additional documentation (if required) to:
Las Animas Huerfano Counties District Health Department, ATTN: Vital Records,

Las Animas County: 412 Benedicta Ave, Trinidad, CO 81082

Huerfano County: 119 E. 5th Street, Walsenburg, CO 81089

Fax: 719-846-4471

Email: dmartinez@la-h-health.org

For more information visit our website at: <https://la-h-health.colorado.gov/>

Vitals Office Use Only:

Date Processed:

State File # _____

Receipt # _____

Certificate(s) # _____



Application for Certified Death Certificate

Please follow the instructions below when submitting your application:

- Request must be completed in full
- Enclose copy of a current driver's license, passport or state ID. The complete list of primary/secondary IDs is available at: www.colorado.gov/cdphe
- Enclose appropriate fees
- Person requesting death certificate must sign on following page
- Proof of relationship or legal interest is required (see below)

| Death certificates may be issued to: | Document(s) needed to prove relationship: |
|--|--|
| Current spouse | Must be listed on death certificate. |
| Ex-spouse | Must present proof of direct & tangible interest (i.e. Social Security record, insurance policy). |
| Parent | Must be listed on death certificate. |
| Stepparent | Marriage certificate proving relationship to a parent that is listed on death certificate. |
| Siblings/Half siblings | Birth certificate showing at least one same parent required (cannot accept baptisms, hospital records or school records, unless the customer presents a letter from the state of birth stating no record of birth was found). |
| Children | Birth certificate(s) showing relationship is required (cannot accept baptisms, hospital records or school records, unless the customer presents a letter from the state of birth stating no record of birth was found). |
| Step-Children | Marriage certificate & birth certificate proving relationship required. |
| Legal representative/Paralegals | Proof of client relationship 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 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." |
| Grandparents/Grandchildren | For death certificate 25 years or younger- Must present <u>proof of direct & tangible interest</u> (i.e. insurance policy, personal will, etc.). |
| In-laws/Aunts/Uncles/Nephews/Nieces/Cousins | 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." |
| Extended Family Members | |
| 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 Directors | 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. |
| Attorney-in-fact/Agent (Power of Attorney) | Must present a Durable Power of Attorney that has been signed by the "principal" (person they are representing) and notarized. Durable Power of Attorneys are indefinite unless specified in the document or upon death. We do not accept Medical Power of Attorney. Review the Power of Attorney carefully, since some provide a limited amount of authority to the "attorney-in-fact" / "agent". |
| Consular Corps/Consulate offices | Must present credentials verifying their connection to the Consulate |