Las Animas | Huerfano Counties
DISTRICT HEALTH DEPARTMENT

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.
Grandparents/Great grandparents	Birth certificate(s) proving relationship required (cannot accept baptismals, hospital records or school records, unless the customer presents a letter from the state of birth stating no record of birth was found).
Siblings/Half siblings	Birth certificate showing at least one same parent required (cannot accept baptismals, hospital records or school records, unless the customer presents aletter 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 baptismals, hospital records or school records, unless the customer presents a letter fromthe 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 relationshipto 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 wellas 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 "ForGenealogical 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 oris 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

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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 first page) | **Email Address**

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

COST

A: Certificate Costs **TOTAL A = $_____**

- ☐ Certified copy (1st copy) $20.00*
- ☐ ___ Additional copies ..... $13.00 ea.

**non-refundable*

B: Credit Card Convenience Charge
non-refundable
TOTAL B = $1.00

C: Delivery Method * (You **MUST** select one) **TOTAL C = $_____***

- ☐ UPS Air $29.00
- ☐ UPS Canada/Mexico.....$29.75
- ☐ UPS Alaska, Hawaii, Puerto Rico.....$27.75
- ☐ UPS Worldwide Expedited.....$38.25
- ☐ U.S. Postal Service Regular Mail.....$ 0.63

UPS will not deliver to a P.O. Box. Processing time may take up to 21-25 business days.

** 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.*

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**

MAIL YOUR SIGNED AND COMPLETED FORM

Please mail 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

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

Please don't include a pre-paid express mail envelope with your request. Select a delivery method above.