



**ARAPAHOE COUNTY**  
PUBLIC HEALTH

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Phone: 303-734-4300  
vitalrecords@arapahoegov.com

<b>Staff Use Only:</b>	v. 8/2022
DCN: _____	
Staff: _____	Date: _____

## Application for Certified Copy of Death Certificate

### Requestor please include the following for processing:

Completed application	Required ID (see below or visit our website for additional options)	Payment	Tangible interest documents (if applicable)
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### 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 ( <b>Proof needed if your name is not listed on certificate</b> ):	
<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 _____		Suffix _____
Date of Death / Age	Month _____	Day _____	Year _____	Age at Death _____	Place of Birth	State or Foreign Country _____	
Place of Death	City _____			County _____	State _____	<b>Colorado ONLY</b>	
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)

<b>By signing in this box, I have read and understood that there are penalties for obtaining a record under false pretenses.</b> <div style="background-color: red; color: white; padding: 2px; display: inline-block; margin-top: 5px;">SIGN HERE</div>	Today's Date _____
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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"> <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-766)</li> <li>Foreign Passport</li> <li>Government Work ID (US)</li> <li>Job Corps ID Card</li> </ul>	<ul style="list-style-type: none"> <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 <b>PLUS</b> 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>
<small>*For payment by fax or mail, enter card info below or make checks/money orders payable to Arapahoe County Vitals*</small>	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Cardholder name: _____	
Cardholder Signature: <div style="background-color: red; color: white; padding: 2px; display: inline-block; margin-left: 10px;">SIGN HERE</div> _____	
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 (issued on same day)	\$ _____
UPS \$25.00 - 2 business day delivery (optional)	\$ _____
<b>Total Cost</b>	<b>\$ _____</b>