COLORADO
Department of Public Health & Environment

Application for Certified Death Certificate

VitalChek
A LexisNexis® Risk Solutions Company

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 baptismals, 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 baptismal, hospital records or school records, unless the customer presents a letter from the state of birth stating no record of birth was found).
Stepchildren	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."
In-laws/grandparents/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 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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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) $25.00*
- ☐ ___ Additional copies ..... $20.00 ea
- ☐ ___ Apostille Fee = $ 5.00

**non-refundable*

B: VitalChek Processing & Handling
non-refundable

TOTAL B = $ 8.00

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

- ☐ UPS Air $21.00
- ☐ UPS Canada/Mexico $27.75
- ☐ UPS Alaska, Hawaii, Puerto Rico $26.75
- ☐ UPS Worldwide Expedited $38.25
- ☐ U.S. Postal Service Regular Mail ..... $ 0.00

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 _____

*Charges will appear on your Credit Card statement as: VCN*COLORADOMAILROOM*

☐ **Personal or Business Check or Money Order** (please make payable to VitalChek)

MAIL YOUR SIGNED AND COMPLETED FORM

Please mail your completed form, along with ID and additional documentation (if required) to:

Vital Record Mail Services, ATTN: Colorado Vital Records, P.O. Box 222130, El Paso, TX 79912

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

For expedited order placement and processing please visit www.VitalChek.com.

REV. 12/2025