



Application for Certified Colorado Death Certificate

This request must be completed in full. Please type or print clearly.

Larimer County Vital Records:

1525 Blue Spruce Drive

Fort Collins, CO 80524 Office #: 970-498-6710

Fax #: 970-498-6715

Monday-Friday 8am to 4:15pm (Closed daily from 12pm-1pm)

No walk ins available. Please call to schedule an in-person appointment.

Office Hours:

Requirements for Application:

- Enclose a copy of a current Driver's License, Passport, or State Identification (Refer to ID requirements)
- Proof of Relationship or legal interest is required (Refer to Eligibility List)
- · Person requesting to receive a death certificate must sign below
- Enclose appropriate fees

Payment TOTAL: _____

| Vary Information 9 Chinain | on Address (Planes Fill Out). | | | |
|---|---|--|--|--|
| Your information & Snippir | ng Address (Please Fill Out): | | | |
| First Name: | Last Name: | | | |
| Phone number: | Relationship to deceased: | Relationship to deceased: | | |
| Email: | Reason for Request: | | | |
| Mailing Address: Street: | | Apt/Unit #: | | |
| City: | State: | Zip code: | | |
| and Regulations, applicant muspenalties for obtaining a record of | tatutes, 1982, 25-2-118 and as defined between the tangible interest and tangible interest under false pretenses include a fine of not not year or both such fine and imprisons | t in the record requested. The more than \$1,000 or imprisonment | | |
| By signing below, I have read and pretenses. | l understood that there are penalties for ol | otaining a record under false | | |
| Sign Here: | | Today's Date: | | |
| Office Use ONLY: | | | | |
| Data: # of Co | anios: Daymont | Typo: | | |

DCN #:_____

Initials:

| Deceased Information (Please Print): | Check here if you are requesting a certificate for a fetal death | | | | |
|--|--|------------|----------------------|--|--|
| First Name: Last Name: | | | | | |
| Date of Death (MM/DD/YYYY): | Date of Birth or Age at Death (optional): | | | | |
| | State of Birth (| optional): | | | |
| Place of Death: City: | County: | | State: COLORADO ONLY | | |
| Fees (Make Checks or Money Orders paya | • | | | | |
| \$20.00 for first copy of Death Certificate \$13.00 for each additional certificate of the second second | the same record o | | | | |
| First Copy (Please select one): \$20 | aard) | | ė | | |
| Standard Death Certificate (entire red Legal Death Certificate (all legal & no | \$ | | | | |
| Verification of Death (limited legal info & no medical info) | | | | | |
| Additional Certificates (please indicate amount): \$13 | | | | | |
| Standard Death Certificate (entire record) | | | | | |
| Verification of Death (limited legal info & no medical info) | | | | | |
| Please select your shipping method: | | | | | |
| Regular Mail (\$0.00) ** We cannot guarantee USPS Mail | | | | | |
| • Fed-Ex Shipping (\$20.00) ** Within the continental US \$ | | | | | |
| Fed-Ex Shipping delivery to AK/HI/Puerto Rico & Other Countries (Fees Vary) ***MUST PAY with Credit Card*** | | | | | |
| Total Charges | | | \$ | | |
| Credit Card Orders: | | | | | |
| Card Type: Visa Discov | ver M | asterCard | American Express | | |
| Cardholder Name: | | | | | |
| Card Number: | | _ | | | |
| Expiration Date: CVC #: | Zi _l | o Code: | | | |