

# Certified Copies of the Death Certificates

In the State of Colorado the original death certificate is filed with the County where the death occurred. While certified copies of the death certificate may be ordered at any time, we suggest you order a sufficient number at the time funeral arrangements are made. **The charge by the State of Colorado is \$20.00 for the first copy and \$13.00 for each one thereafter.**

For Veterans, one copy is provided FREE of charge, with a copy of military discharge paperwork provided to the Funeral Home.

The Funeral Home takes ZERO cut, portion or percentage of the Certified Death Certificate cost. What the state charges us is exactly what we charge you.

**If applicable, you will need certified copies of the death certificate for:**

- |   |   |
|---|---|
| <input type="checkbox"/> Life Insurance (1 per company)   | <input type="checkbox"/> Transfer of Stocks/Bonds (1 ea.) |
| <input type="checkbox"/> Filing of Income Taxes           | <input type="checkbox"/> Veterans Administration Benefits |
| <input type="checkbox"/> Union Benefits                   | <input type="checkbox"/> Transfer of Bank Accounts (all)  |
| <input type="checkbox"/> Insured Loans/Credit Card Accts. | <input type="checkbox"/> Credit Union Accounts            |
| <input type="checkbox"/> Transfer of Real Estate          | <input type="checkbox"/> Transfer of Titles (auto)        |
| <input type="checkbox"/> Entry to Safety Deposit          | <input type="checkbox"/> Mortgage Insurance               |

**TOTAL** number of Certified Copies: # \_\_\_\_\_

# REQUIRED - Death Certificate Information

## Questions 1 - 16 pertain ONLY to the Deceased

1. Deceased Full Name:

\_\_\_\_\_

2. Address, City, State & Zip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Lived inside City limits: Yes \_\_\_\_\_ No \_\_\_\_\_

4. Gender      MALE or FEMALE

5. Race: \_\_\_\_\_ if Hispanic origin specify \_\_\_\_\_

Cuban \_\_\_ Puerto Rican \_\_\_ Mexican \_\_\_

6. Social Security # \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_

8. Birthplace: City & State: \_\_\_\_\_

9. Occupation / Job Title: \_\_\_\_\_ **DO NOT use retired**

10. Kind of business / Industry: \_\_\_\_\_

11. Marital Status – (check one)

Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Never Married \_\_\_\_\_

