Certified Death Certificate Information

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:

- Life Insurance (1 per company)
- Filing of Income Taxes
- Union – Retirement Benefits
- Loan Cancellation
- Transfer of Real Estate / Property
- Entry to Safety Deposit
- Transfer of Stocks/Bonds (1 ea.)
- Bank Accounts (1 per bank)
- Transfer of Titles
- Cell Phone Accounts
- Transfer of Ownership
- Credit Card Accounts

**TOTAL** number of Certified Copies: #_______

NOT a legally binding document
REQUIRED 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. State of Birth: _____________________________________________________________

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

10. Kind of business / Industry: __________________________________________________
    What Type of Work

11. TOTAL number of years of education completed: ______
    PLEASE CIRCLE: Some College - Associates - Bachelors - Masters - Doctorate
12. Their Father’s FULL Name:
__________________________________________________________

13. Their Mother’s FULL Name - PLEASE include her Maiden Name:
__________________________________________________________

14. Veteran: Yes ____ No ____ Branch of Service __________________________

*We need a copy of the form DD-214 (discharge paperwork)

15. Marital Status – (check one)
    Married ____ Widowed ____ Divorced ____ Never Married____

16. IF MARRIED - Spouse Name - if wife please give maiden name
    __________________________________________________________ - even if widowed

- Legal Next of Kin INFORMATION -

17. LEGAL Next of Kin FULL NAME: ________________________________

18. Next of Kin’s address, City, State and phone:
    Address: __________________________________________________
    __________________________________________________
    Phone: __________________________________________________
    Email: __________________________________________________

I, ________________________________ certify that the above information
that I have provided is true and accurate to the best of my knowledge.
This _______ day of ________________________ 20____

NOT a legally binding document