

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:

- | | |
|---|---|
| <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"/> Bank Accounts (1 per bank) |
| <input type="checkbox"/> Union – Retirement Benefits | <input type="checkbox"/> Transfer of Titles |
| <input type="checkbox"/> Loan Cancellation | <input type="checkbox"/> Cell Phone Accounts |
| <input type="checkbox"/> Transfer of Real Estate / Property | <input type="checkbox"/> Transfer of Ownership |
| <input type="checkbox"/> Entry to Safety Deposit | <input type="checkbox"/> Credit Card Accounts |

TOTAL number of Certified Copies: # _____

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____