

STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER _____

FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last)					2. SEX	3. DATE OF DEATH (Month, Day, Year)	
4. SOCIAL SECURITY NUMBER	5a. AGE - (Years)	5b. UNDER 1 YEAR Mos Days	5c. UNDER 1 DAY Hrs Mins	6. DATE OF BIRTH Month Day Year		7. BIRTHPLACE (City and State or Foreign Country)	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Assisted Living/Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number)				9c. CITY, TOWN, OR LOCATION OF DEATH		9d. COUNTY OF DEATH	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)			10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		12. SPOUSE (If wife, give maiden name)
13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER			
13a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (If "Yes", specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE: American Indian, Black, White, etc. (Specify)		16. EDUCATION: (Specify only highest grade completed) Elementary or secondary (0 - 12) College (13-16 or 17+)	
17. FATHER - NAME (First, Middle, Last)			18. MOTHER - NAME (First, Middle, Maiden)		19. INFORMANT - NAME and relationship to deceased		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial/Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION - City or Town, State			
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Signature _____				21b. NAME AND ADDRESS OF FACILITY			

I _____ accept full responsibility for correct information given for Death Certificate. If information is wrong I will Pay for any correction fees. A cost for correction is \$40 plus \$20 for first copy, \$13 per each additional copy.

Phone Number _____