



# Weld County Department of Public Health and Environment

Funeral Home Application for Certified Copy of Death Certificate

Phone: 970-304-6410 Fax 970-304-6412 [www.weldhealth.org](http://www.weldhealth.org)

Office Hours: M-F 8 a.m. – 5 p.m. Closed Saturdays, Sundays, & major holidays



Public Health  
Prevent. Promote. Protect.

Funeral Home: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of decedent:	First	Middle	Last	Suffix
Date of death:	(Month,Day,Year)	Place of Death:	City	County
Reason for request:	Family Request	Requestor relationship:	Funeral Director	
State CO (ONLY)				

Disposition permit needed: YES NO

### Charges:

Cost of death certificate: \$20.00 for the FIRST Copy..... 1 x \$20.00 = 20.00

### Check one type of certificate (may only check one type):

- Standard death certificate (entire record – legal and medical information)
- Legal death certificate (all legal and no medical information)
- Verification of death (limited legal and no medical information)

### Cost of additional certificates: \$13.00 for each additional copy

### Check the type and write number requested (may check more than one type):

- Standard death certificate (entire record)..... \_\_\_\_\_ X \$13.00 = \_\_\_\_\_
- Legal death certificate (all legal and no medical information)..... \_\_\_\_\_ X \$13.00 = \_\_\_\_\_
- Verification of death (limited legal and no medical information)..... \_\_\_\_\_ X \$13.00 = \_\_\_\_\_

### Exchanges: \$13.00 per copy

### Check the type and write number requested (may only exchange for the same type):

- Standard death certificate (entire record)..... \_\_\_\_\_ X \$13.00 = \_\_\_\_\_
- Legal death certificate (all legal and no medical information)..... \_\_\_\_\_ X \$13.00 = \_\_\_\_\_
- Verification of death (limited legal and no medical information)..... \_\_\_\_\_ X \$13.00 = \_\_\_\_\_

### Additional Fees:

- Amended Registration Fee: \$20.00..... 1 x \$20.00 = 20.00
- Correction Fee: \$20.00..... 1 x \$20.00 = 20.00

Total number of certificates: \_\_\_\_\_ + VA

Total charges: \$20.00 + \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Requestor name: \_\_\_\_\_

Requestor signature: \_\_\_\_\_

Office use only

Certificate#: \_\_\_\_\_ Receipt#: \_\_\_\_\_

Date: \_\_\_\_\_ Issued by: \_\_\_\_\_ Total PD/CHRG: \_\_\_\_\_