



Weld County Department of Public Health and Environment
Application for Certified Copy of Death Certificate



Public Health
 Prevent. Promote. Protect.

Greeley Location
 1555 North 17th Avenue, Greeley, CO 80631
 Phone: 970-304-6410 Fax: 970-304-6412
 Hours: Monday – Friday 8:00am – 5:00pm

Longmont Location
 4209 CR 24 ½ Longmont, CO 80504
 Phone: 720-652-4240 Fax: 970-304-6412
 Hours: Wednesday 8:00am – 12:00pm & 1:00pm – 4:00pm

www.weldhealth.org

Both offices are closed on Saturdays, Sundays, & major holidays

REQUIREMENTS

Ways to Order:

Application must be **completed in full**. Please type or print clearly. Enclose a **copy of your ID**: current driver's license, passport, or state identification (refer to approved ID list on page 2). Enclose appropriate fees. Applicant must sign application. *Phone number is required.* Proof of Relationship is required (parents and registrant excluded).

Apply in Person: Walk-ins only. Same day service.
Mail Orders: Send check, money order, or provide credit card information on page 3. Do NOT send cash.
Make checks payable to W.C.D.P.H.E. Mail to the Greeley location ONLY.
Fax Orders: Provide credit card information on page 3.

APPLICANT INFORMATION (Please Print Legibly)

Name of Person Making Request	First	Middle	Last
Mailing Address	Street	City	State Zip Code
Relationship to person on certificate "I am the..."	Spouse Stepchild	Child Stepparent	Parent Legal Representative
Reason for Request	Insurance	Social Security	Property Genealogy Other:

CERTIFICATE INFORMATION (Please Print Legibly)

Provide name exactly as it appears on the death record.

Full Name of Deceased	First	Middle	Last	Suffix
Date of Death	Month	Day	Year	Date of Birth or Age at Death (optional) State of Birth (optional)
Place of Death	City	County	State Colorado ONLY	

Pursuant to Colorado Revised Statutes, 1982, 25-2-118 and as defined by Colorado Board of Health Rules and Regulations, applicant must have a direct and tangible interest in the record requested. The penalties for obtaining a record under false pretenses include a fine of not more than \$1,000.00, or imprisonment in the county jail for not more than one year or both such fine and imprisonment. (CRS 25-2-118).

By signing below, I have read and I understand there are penalties for obtaining a record under false pretenses.	Today's Date
Sign Here	
Number of Certified Copies Requested: <input type="text"/>	Phone Number
Fee: \$20.00 for the first copy. \$13.00 for each additional copy of the same record on the same transaction. 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)	Email Address

Delivery Options for Mailed or Faxed in Orders ONLY:

- Regular Mail: no extra charge - no tracking
- Priority Mail: \$8.95 - USPS tracking provided
- FedEx Overnight: charges vary by location

Please include payment information on page 3.

FOR OFFICE USE ONLY

Issue Date:	Issue By:	Comments:
Certificate Number(s):		
Receipt Number:		
ID INFO:		
ID INFO:		



***Certified certificates may be issued to:**
(note: proof of relationship is required)

- | | |
|--|--|
| The registrant (person named on certificate) | Siblings |
| Spouse | Legal Representative of any above |
| Parents/Step-parents | For complete list, visit: www.colorado.gov/cdphe |
| Adult Children | |
| Grandparents/Great Grandparents | |
| Grandchildren | |
| Legal Guardian | |

ID REQUIREMENTS

At least 1 of the following: (No expired documents accepted)	OR at least 2 of the following: (Any document expired more than six months will not be accepted)
'PRIMARY' LIST	'SECONDARY' LIST
Alien Registration Receipt/Permanent Resident Card	Acknowledgement of Parentage document (Colorado only)
Certificate of U.S. Citizenship	Birth certificate of Applicant (U.S. only)
Jail Temporary Inmate ID: Denver or Pueblo County	Court order for Adoption or Name Change
Colorado Department of Corrections ID card	Craft or Trade License (Colorado only)
Colorado Department of Human Services Youth Corrections ID	DD-214
Colorado Temporary Driver's License/State ID (must be current)	Divorce Decree (U.S. only)
Employment Authorization Card (I-766)	Colorado Gaming License
Foreign Passport	Hospital Birth Worksheet (within 6 months of birth)
Government Work ID	Colorado Hunting or Fishing License (must be current)
Job Corps ID Card	Foreign or International Driving License/ID Card (issued by foreign country's state or province)
US Merchant Mariner Card/Book	Marriage License/Certificate (U.S. only)
Driver's License/ID Card (DMV - U.S.)	Medicaid Card (Colorado only)
Foreign Driver's License/ID Card (issued directly from foreign country's government - not state or province)	Medicare Card
School, University or College ID Card (must be current)	Mexican Voter Registration Card
Temporary Resident Card	Motor Vehicle Registration or Title (must be current - U.S. only)
U.S. B1/B2 Card with I-94	Pilot License
U.S. Certificate of Naturalization	State, Territorial or Federal Prison or Corrections ID Card
U.S. Citizenship ID Card (I-197)	Social Security Card
U.S. Military ID Card	Selective Service Card/Letter (U.S. only)
U.S. Passport Book or Card	Weapon or Gun Permit (U.S. only)
	Work ID, Paycheck Stub (within 3 months) or W2 (last tax year)
	Any expired document from the "Primary" list (cannot be expired more than 6 months)

WE CANNOT ACCEPT:

Matricula Consular Card	Novelty ID Card
IRS ITIN card or letter	Non-expiring ID cards (unless issued within last 5 years)
Souvenir/Hospital birth certificates	Out-of-State Temporary Driver's Licenses or Temporary State ID card

If you cannot provide acceptable identification, it is suggested that you ask a spouse, parent, grandparent, sibling or adult child, who can provide appropriate identification, to request the certificate. **PROOF OF RELATIONSHIP** is required.



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Fax Orders: Provide credit card information below.

Debit / Credit Card Information:

Card type: Visa MasterCard Discover (American Express NOT Accepted)

Card number: _____ - _____ - _____ - _____

Expiration Date: ____/____ Billing zip code: _____

Cardholder name: _____

Cardholder signature: _____