

Office of Vital Records

7190 Colorado Blvd., Suite 170
Commerce City, CO 80020

Tel: (720) 200-1401

Email: vitalrecords@adamscountyco.gov

Website: www.adamscountyhealthdepartment.org



ADAMS COUNTY
HEALTH DEPARTMENT

Together for a Healthier Adams County

Staff Use Only:	v. 11/2025
DCN:	_____
Staff:	_____ Date: _____

Death Certificate Application (Certified Copy)

Requestor Information

Print name of person making request:	Daytime Phone:
Mailing Address:	City State Zip code
Your relationship to person named on certificate (Proof needed if your name is not listed on certificate): Parent Sibling Spouse Child Legal Representative Government Agency Ex-Spouse (direct and tangible interest required) Other: _____	
Reason for Request: Social Security Records Benefits Closing Accounts Personal Other: _____	

Registrant Information

Full Name of Deceased	First			Middle		Last		Suffix
	Date of Death / Age	Month	Day	Year	Age at Death	Place of Birth	State or Foreign Country	
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 (C.R.S. § 25-2-118)

By **signing below**, I have read and understand that there are penalties for obtaining a record under false pretenses

SIGN HERE	Date:
------------------	-------

Certificate Type and Quantity

Standard Death Certificate (entire record)	Quantity	Legal Death Certificate (no medical information)	Quantity	Verification of Death (limited legal information, no medical information)	Quantity

For payment by email or mail, enter card information below or make checks/money orders payable to **Adams County Vitals**

Cardholder Name: _____

Cardholder Signature: **SIGN HERE** _____

Card Number: _____

Expiration Date: ____/____/____ CVV: _____

Order Quantity and Payment Amount

Total number of Certificates _____

Cost of first certificate \$ 25.00

Additional certificate(s) \$20 ea. \$ _____

UPS 2-business day delivery \$25 \$ _____
(optional)

Total Charge \$ _____

DEATH CERTIFICATES MAY BE ISSUED TO	DOCUMENT(S) NEEDED TO PROVE RELATIONSHIP
Current Spouse	Must be listed on death certificate
Ex-spouse	Must present proof of direct and tangible interest (e.g., Social Security record, insurance policy)
Parent	Must be listed on death certificate
Stepparent	Marriage certificate proving relationship to a parent that is listed on death certificate.
Siblings/Half siblings	Birth certificate showing at least one same parent required (cannot accept baptismal, hospital records, or school records, unless the customer presents a letter from the state of birth stating no record of birth was found).
Children	Birth certificate(s) showing relationship required (cannot accept baptismal, hospital records, or school records, unless the customer presents a letter from the state of birth stating no record of birth was found).
Stepchildren	Birth certificate proving relationship required. Birth certificate must show a parent listed on the death certificate as spouse.
Legal representative/Paralegal	Proof of client relationship required, as well as proof of the client's relationship to the registrant.
Opposing counsel (State of Colorado Vitals Only)	Name, address, and case number of the court required. Certificate will be mailed to court with motion to seal "confidential record."
Genealogist	Notarized signed release from immediate family member required, as well as proof of the family member's relationship. Certificate marked "For Genealogical Use Only."
In-laws/aunts/uncles/nephews/nieces/cousins	For death certificates 25 years or younger – must present proof of direct and tangible interest (e.g., insurance policy, personal will, etc.). For death certificates over 25 years – must present proof of relationship (a family tree would be acceptable for this case). Certificate marked "For Genealogical Use Only."
Probate Researchers	Proof of direct and tangible interest required
Creditors	Proof of direct and tangible interest required
Employer	Proof of direct and tangible interest required
Beneficiaries	Proof of direct and tangible interest required (e.g., letter on insurance company/pension company letterhead clearly stating the applicant is a beneficiary or is eligible to file a claim).
Insurance companies	Proof of direct and tangible interest required (e.g., insurance policy).
Hospital/Nursing home/Hospice/Physician	Proof of patient relationship required
Funeral Directors	Must be listed on death certificate.
Informant	Must be listed on death certificate.
Others who may demonstrate a direct and tangible interest when information is needed for determination or protection of a personal or property right	Proof of direct and tangible interest required
Attorney-in-fact/Agent (Power of Attorney)	Must present a Durable Power of Attorney signed by the "principal" (person they represent) and notarized. Durable Power of Attorney is indefinite unless specified in the document or upon death. We do not accept Medical Power of Attorney.
Consular Corps/Consulate offices	Must present credentials verifying their connection to the consulate.