



P.O. Box 20,000  
 Grand Junction, CO 81502-5033  
 (970) 248-6900  
[www.health.mesacounty.us](http://www.health.mesacounty.us)

# Colorado Death Certificate Request

Apply in person for same-day services  
 Walk-in Hours:  
 Monday-Thursday 8:00 am – 5:30 pm  
 Friday 8:00 am – 12:00 pm

**Mesa County Public Health  
 Vital Records**  
 510 29 1/2 Rd, Grand Junction, CO 81504  
<http://health.mesacounty.us/records/>  
 Email: [vital.records@mesacounty.us](mailto:vital.records@mesacounty.us)  
 Phone: 970-248-6900

Phone Orders: 970-248-6900  
 Online Orders: [www.vitalchek.com](http://www.vitalchek.com)  
 Phone/Online Follow-Up: 970-248-6900  
 Fax Orders: 970-683-6635

## REQUIREMENTS

- This request must be completed in full.
- Enclose a copy of a current driver's license, passport or State identification. (The complete list of primary and secondary ID's are available online at [www.colorado.gov/cdphe/vitalrecords](http://www.colorado.gov/cdphe/vitalrecords))
- Enclose appropriate fees.
- Person requesting to receive death certificate must sign below.
- Proof of relationship or legal interested is required (see reverse side).

## Requestor Information

First	Middle	Last
Mailing Address		City, State, Zip
Daytime Phone (    )		
Relationship to Registrant (person named on certificate)*see reverse side		
<input type="checkbox"/> Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Grandparent
<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Legal Representative	<input type="checkbox"/> Sibling
<input type="checkbox"/> Child		
<input type="checkbox"/> Other: _____		
Reason for Request:		
<input type="checkbox"/> Insurance	<input type="checkbox"/> Social Security	<input type="checkbox"/> Property
<input type="checkbox"/> Genealogy		
<input type="checkbox"/> Other: _____		

## Deceased Information

Check here if you are requesting a certificate of stillbirth

Full Name of deceased	First	Middle	Last
Date of death*	Month	Day	Year
Date of birth or age at death (optional)		State of birth (optional)	
Place of death	City		County
			<b>State Colorado ONLY</b>
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 understand that there are penalties for obtaining a record under false pretenses.			Today's date

**Charges (FEES NON-REFUNDABLE): \$20 First copy and \$13 for each additional certificate of same record ordered at the same time**

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

**Death certificates may be issued to:**

Current spouse

Ex-spouse

Parent

Stepparent

Grandparents/Great grandparents

Siblings/Half siblings

Children/Grandchildren/Great grandchildren

Step-Children

Legal representative/Paralegals

Opposing counsel

Genealogists

In-laws/aunts/uncles/nephews/nieces/ cousins

Probate Researchers

Creditors

Employer

Beneficiaries

Insurance companies

Hospital/Nursing Home/Hospice/Physician

Funeral Directors

Informant

Others who may demonstrate a direct and tangible interest when information is needed for determination or protection of a personal or property right.

**Document(s) needed to prove relationship:**

Must be listed on death certificate.

Must present proof of direct &amp; tangible interest (i.e. Social Security record, insurance policy).

Must be listed on death certificate.

Marriage certificate proving relationship to a parent that is listed on death certificate.

Birth certificate(s) proving relationship required (cannot accept baptismal records, hospital records or school records, unless the customer presents a letter from the state of birth stating no record of birth was found).

Birth certificate showing at least one same parent required (cannot accept baptisms, hospital records or school records, unless the customer presents a letter from the state of birth stating no record of birth was found).

Birth certificate(s) showing relationship is required (cannot accept baptisms, hospital records or school records, unless the customer presents a letter from the state of birth stating no record of birth was found).

Marriage certificate &amp; birth certificate proving relationship required.

Proof of client relationship required as well as proof of the client's relationship to the registrant.

Certificate will be mailed to court w/ motion to seal "confidential record." Name, address and case number of the court required.

Notarized signed release from immediate family member required as well as proof of the family member's relationship. Certificate marked "For Genealogical Use Only."

For death certificate 25 years or younger- Must present proof of direct &amp; tangible interest (i.e. 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) Death certificate marked "For Genealogical Use Only."

Proof of direct &amp; tangible interest required.

Proof of direct &amp; tangible interest required.

Proof of direct &amp; tangible interest required.

Proof of direct &amp; tangible interest required (i.e. letter on insurance company/ pension company letterhead that clearly states the applicant is a beneficiary or is eligible to file a claim).

Proof of direct &amp; tangible interest required (Insurance policy).

Proof of patient relationship required.

Must be listed on death certificate.

Must be listed on death certificate.

Proof of direct &amp; tangible interest required.

**Payment information:** Please enclose a check made payable to Mesa County Public Health or include your payment information below. If no payment information is included, we will contact the number listed on the front of this form for credit card information. (Not including payment information could delay shipping.)

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_