

COLORADO DEATH CERTIFICATE WORKSHEET

DECEDENT'S NAME <i>(First, Middle, Last)</i>					SEX	DATE OF DEATH <i>(Month, Day, Year)</i>
SOCIAL SECURITY NUMBER	AGE <i>(Last Birthday)</i>	UNDER 1 YEAR Mos Days	UNDER 1 DAY Hrs Mins	DATE OF BIRTH <i>(Month, Day, Year)</i>	BIRTHPLACE <i>(City & State or Foreign Country)</i>	
WAS DECEDENT EVER IN U.S. ARMED FORCES?	PLACE OF DEATH <i>(Check Only One)</i>					
YES NO	HOSPITAL Inpatient ER/Outpatient DOA			OTHER Nursing Home Residence Other <i>(Specify)</i> _____		
FACILITY NAME <i>(If not institution, give street number)</i>				CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH
DECEDENT'S USUAL OCCUPATION <i>(Give kind of work done during most of working life. Do not use retired)</i>		KIND OF BUSINESS/INDUSTRY		MARITAL STATUS <i>Married, Never Married, Widowed, Divorced (Specify)</i>		SPOUSE <i>(If wife, give maiden name)</i>
RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET NUMBER		ZIP
INSIDE CITY LIMITS YES NO	WAS DECEDENT OF HISPANIC ORIGIN? <i>(If Yes, specify Cuban, Mexican, Puerto Rican, etc.)</i> YES NO SPECIFY _____		RACE <i>American Indian, Black, White, Etc. (Specify)</i>		DECEDENT'S EDUCATION <i>(Specify only highest grade completed)</i> <i>Elementary or secondary (0-12)</i> <i>College (13-16 or 17+)</i>	
FATHER'S NAME <i>(First, Middle, Last)</i>		MOTHER'S NAME <i>(First, Middle, Maiden)</i>		INFORMANT NAME <i>and relationship to deceased</i>		
METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other <i>(Specify)</i> _____		PLACE OF DISPOSITION <i>(Name of cemetery, crematory, or other place)</i>		LOCATION <i>(City, Town, State)</i>		

PLEASE NOTE:

- Colorado Death Certificates cost \$20 for first copy, \$13 each additional copy. 1 Free VA Copy for Veterans
- If deceased was widowed, full maiden name of spouse is required by state
- Please add \$15 Certified Mail fee if we are mailing 4 or more Death Certificates

I certify that the above information is true and correct as stated.

SIGNATURE	DATE
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**Electronic signature not accepted.
Please print form, sign and return:**

Fax: 303-722-0874

Or email: info@allmortuary.com

