



Teller County Public Health & Environment  
Vital Records  
P. O. Box 928 – Mailing Address  
11115 W. Hwy 24, Unit 2 C – Physical Address  
Divide, CO 80814  
719-687-6416 • Fax: 719-687-6501  
Web: [www.tellercounty.gov](http://www.tellercounty.gov)

For County Office Use Only

Documents  
☐ ID  
☐ Relationship

Payment Method

☐ Cash  
☐ Check \_\_\_\_\_  
☐ CC \_\_\_\_\_

SFN# \_\_\_\_\_

Total # issued \_\_\_\_\_

Complete \_\_\_\_\_

**Application for Certified Copy of Death Certificate**

Appointments are required. Office hours for Vital Records are 8:00am - 4:30pm Tuesday - Friday, excluding holidays.

**Requirements:**

- This application must be complete.
- Valid Identification - current driver's license, passport or state identification. A complete list of primary and secondary ID's are listed on our website. <https://co-tellercounty.civicplus.com/DocumentCenter/View/1451/Vital-Statistics-ID-and-Eligibility-Requirements-PDF>
- Enclose appropriate fees.
- The person requesting the certificate(s) must sign below.
- Proof of relationship or legal interest is required (see reverse side).

**Deceased's Information - please type or print**

<b>Full Name of Deceased</b>	First	Middle	Last		
<b>Date of Death *</b>	Month	Day	Year	Age at Death	State of Birth
<b>Place of Death</b>	City	County	State		
			<b>Colorado only</b>		

\* If the date of death is unknown, an additional fee of \$1.00 per year to search should be submitted. Date range can be listed on reverse side.

<b>Name of Person Making Request</b>	First	Middle	Last		
Physical Address	City	State	Zip		
Mailing Address (if different than physical)	City	State	Zip		
E-mail Address	Daytime Phone Number				
<b>Relationship to deceased</b>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Child
	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Legal Representative	<input type="checkbox"/> Other _____		
<b>Reason for Request</b>	<input type="checkbox"/> Insurance	<input type="checkbox"/> Social Security	<input type="checkbox"/> Property	<input type="checkbox"/> Genealogy	
	<input type="checkbox"/> Other _____				

Pursuant to Colorado Revised Statutes, 1982, 25-2-118 and 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 acknowledge that I have read and understand that there are penalties for obtaining a record under false pretenses.**

	Today's Date
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For County Office Use Only – Issued by \_\_\_\_\_  
DCN(s) Issued

Ordering Information on Reverse Side

rev 10.02.2024

### Ordering Options

- Mail in application with check or credit card information. Make check payable to Teller County Public Health & Environment. Certificate(s) mailed 3 to 5 days after receipt of all required documentation.
- Appointments are required for office pick up. Office hours for Vital Records are 8:00am - 4:30pm Tuesday - Friday, excluding holidays

### Fees (non-refundable)

Search Fee if date of death is not known - \$1.00 per year searched.

x \$ 1.00 =

Death certificate - \$25.00 for first certificate (or search when no record is found) and \$20.00 for each additional certificate for the same decedent ordered at the same time. Can be different styles. The styles can be viewed online at

<https://co-tellercounty.civicplus.com/DocumentCenter/View/738/Samples-of-Death-Certificate-Styles-PDF>

Certificate Styles	First Certificate Select one style below \$25.00	Additional Copies Select any style or multiple styles \$20.00 each
Standard certificate - full record	<input type="checkbox"/>	x \$20.00 =
Legal certificate - all legal information and no medical information	<input type="checkbox"/>	x \$20.00 =
Verification - limited legal information and no medical information	<input type="checkbox"/>	x \$20.00 =

### Shipping Method

Please check your shipping method (if applicable)

- ☐ Walk In/Pick Up No Charge    ☐ Regular Certified Mail    ☐ Priority Mail 3 day    ☐ Priority Express 2 day

**TOTAL CHARGES** ..... \$20.00 ..... (call for current rate) ..... (call for current rate) \$ .....

*If using credit card, a 2.7% portal fee will be added.*

### Payment Options

- ☐ Cash (in office only)    ☐ Check or Money Order    ☐ Credit Card – only complete section below if mailing application

Cardholder Name: \_\_\_\_\_

Card Type:    ☐ Visa    ☐ Master Card    ☐ Discover    ☐ American Express

Card Number:   

Expiration Date:    \_\_\_\_\_ (##/#### format)    Card Security Code:    \_\_\_\_\_ (### on back of card)

### Certified copies of death certificates may be issued to:

Requestor	Recommended Documents to Prove Relationship
Current Spouse	Must be listed on the death certificate
Ex-spouse	Must present proof of direct and tangible interest – insurance policy, Social Security record
Parent/Co-Parent	Must be listed on death certificate
Steparent	Marriage/Civil Union certificate proving relationship to a parent listed on death certificate
Grandparent/Great Grandparent/Grandchildren +	Cert custody court order, will, insurance benefit, bank statements, property deeds, etc
Sibling/Half Sibling	Birth certificate proving relationship to one parent listed on death certificate
Children	Birth certificate(s) proving relationship to deceased
Step Children	Marriage/Civil Union and birth certificates proving relationship to deceased
Legal Representative/Paralegal	Proof of client relationship and proof of clients relationship to deceased
Consular Corps/Consulate Offices	Proof of client relationship and proof of clients relationship to deceased
Genealogists	Notarized signed release from immediate family member and proof of that family members relationship to the deceased
In-laws/Aunts/Uncles/Nephews/Nieces/Cousins	Date of death is 25 years or less – must present direct and tangible interest Date of death is 25 years or more – must present proof of relationship – family tree would be acceptable
Probate Researchers	Must demonstrate a direct and tangible interest
Creditors	Must demonstrate a direct and tangible interest
Anatomical Board	Must be listed on death certificate
Employer	Must demonstrate a direct and tangible interest
Insurance Companies	Must demonstrate a direct and tangible interest (insurance policy)
Hospital/Nursing Home/Hospice/Physician	Proof of patient relationship required
Funeral Directors	Must be listed on the death certificate. If not listed, proof of relationship to the funeral establishment listed must be provided.
Informant	Must be listed on death certificate
Government Agencies (SSA, Human Services, etc.)	Must present work credentials (work ID)
Others Not Listed Above	Must demonstrate a direct and tangible interest