

Information Needed to Complete a Colorado Death Certificate

Decedent's Name (First, Middle, Last) _____

Sex Male Female **Date of Death (Month, Day, Year)** _____

Social Security Number _____ - _____ - _____ **Age** _____

Date of Birth (Month, Day, Year) _____

Birthplace (State or Foreign Country) _____

Was Decedent ever in the U.S. Armed Forces Yes No If Yes, Which Branch? _____

If yes, please bring or send a copy of the DD214 for military honors and burial flag

Place of Death _____

Address _____

City _____ **State** _____ **County** _____

Residence Street and Number _____

Residence - City, Town, or Location _____

Residence State _____ **Residence - County** _____

Residence Zip Code _____ **Residence Inside City Limits** Yes No

Marital Status – Married Never Married Widowed Divorced

Spouse (If wife, give maiden name) _____

Decedent's Education (Check the box that best describes the highest degree or level of school completed at the time of death.)

- | | |
|--|--|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> 9 th -12 th grade, no diploma |
| <input type="checkbox"/> High School graduate or GED completed | <input type="checkbox"/> Some college credit, but no degree |
| <input type="checkbox"/> Associate Degree (e.g., AA, AS) | <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) |
| <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, Med, MSW, MBA) | <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD) |

Mother's Name (First, Middle, Maiden Name) _____

Father's Name (First, Middle, Last) _____

Decedent's Usual Occupation (Give kind of work done during most of working life, **Do Not used Retired**)

_____ **Kind of Business/Industry** _____

Was Decedent of Hispanic Origin? **Decedent of Hispanic Origin** (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino.) Check "No" box if decedent is not Spanish/Hispanic/Latino.

- | | |
|--|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino
(Specify) _____ | |

Decedent Race (Check one or more boxes to indicate what the decedent considered himself or herself to be

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> American Indian or Alaska Native
(Name of the enrolled or principal tribe)
_____ | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Other Asian (Specify) _____ | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Pacific Islander (Specify) _____ | <input type="checkbox"/> Samoan |
| | <input type="checkbox"/> Other (Specify) _____ |

Legal Next of Kin _____ **Relationship to deceased** _____

Mailing Address _____

Phone Number (home) _____ (cell) _____

Email Address _____

Contractee's Name _____ **Relationship to deceased** _____

Mailing Address _____

Phone Number (home) _____ (cell) _____

Email Address _____

Number of Death Certificates Needed _____

Additional Information Needed for obituary's, memorial folders, and Funeral Home papers.

Other members of the family (children, siblings, in-laws)
