



FORM TO CORRECT A COLORADO DEATH CERTIFICATE

Complete this form in full
Cross outs and/or white-out is not acceptable
Print or type the information in ink

NAME OF DECEDENT AS SHOWN ON THE DEATH CERTIFICATE ► _____

DECEDENT'S DATE OF DEATH ► _____ DECEDENT'S PLACE OF DEATH (CITY AND/OR COUNTY) ► _____

PHYSICIAN, CORONER, FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH

See reverse side for instructions

INCORRECT INFORMATION AS IT APPEARS ON THE DEATH CERTIFICATE

Print or Type this information

CORRECT INFORMATION

Print or Type this information

▼ MEDICAL SECTION ▼

→ _____
Signature of Physician Printed Name of Physician Date

→ _____
Signature of Coroner Printed Name of Coroner Date

→ _____
*Signature of Funeral Director Printed Name of Funeral Director Date

**My signature certifies the physician/coroner is aware of the corrections I am requesting to this death certificate.*

FUNERAL DIRECTOR, REQUESTOR, OR PERSON ACTING AS SUCH

See reverse side for instructions

INCORRECT INFORMATION AS IT APPEARS ON THE DEATH CERTIFICATE

Print or Type this information

CORRECT INFORMATION

Print or Type this information

▼ LEGAL SECTION ▼

The information above is true to the best of my knowledge and I request the death certificate be corrected accordingly.

▼ REQUESTOR ▼

**Signature ► _____ Your relationship to the decedent (Check box✓)
 Funeral home Informant
 Next of kin (specify) ► _____

Print Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Date: _____ If you would like to be notified when completed (Check box✓) ► Phone: _____ Email (Print Clearly) _____

****ID REQUIRED ► RETURN YOUR REQUEST WITH A COPY OF YOUR DRIVER'S LICENSE, STATE ID, PASSPORT OR OTHER ACCEPTABLE ID (SEE WEBSITE FOR OTHER ID)**

▼ SERVICES & FEES ▼

(Fees are non-refundable)

	Quantity	Fees (\$)	Total (\$)
Correction of a Death Certificate (fee does not include death certificate)		20.00	= \$
1 st certified copy of the death certificate (if applicable, see exchange policy)	x	20.00	= \$
***Additional copies of the same certificate ordered at the same time or exchanges.....	x	13.00	= \$
****Credit Card Convenience Charge		12.00	= \$
Expedited shipping <input type="checkbox"/> FedEx next business afternoon <input type="checkbox"/> UPS next business afternoon (credit card only) (check or money order only)		20.00	= \$
(USA Only) Regular mail no charge. Total Number of Death Certificates: _____		Grand Total: \$	

VA COPY ► Check box ✓ if a copy is needed for the Veterans Administration

METHODS OF PAYMENT ► We accept Checks (no temporary), Money Orders (payable to Vital Records), and Credit Cards. Not responsible for cash sent through the mail

***CREDIT CARDS ORDERS (Check box✓) ► <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Convenience charge will apply (see fee schedule above)				
Cardholder name	Cardholder Signature	Credit card number	Expiration date	Total charges \$

MAILING/PHYSICAL ADDRESS ► Vital Records, Death Unit, 4300 Cherry Creek Drive South Denver, Colorado 80246-1530

OUR WEBSITE ► www.colorado.gov/cdphe **PROCESSING TIME ►** Allow up to 5 business days upon receipt of your request

CONTACT INFORMATION ► Name: Death Unit Phone: 303-692-2200 SFax: 1-866-653-2904 Email: cdphe_deathcertificates@state.co.us

INSTRUCTIONS TO CORRECT A COLORADO DEATH CERTIFICATE

Item To Be Corrected	Who May Apply To Make The Correction?	Documentation Required
Death certificate entry (non-medical) Item # 1, 2, 4 - 21b	Funeral Director or person acting as such	Form to Correct a Colorado Death Certificate
Death certificate entry (non-medical) Item # 1, 2, 4 - 21b	Informant or next of kin if informant is deceased	One or more documents supporting information being corrected and a signed Form to Correct a Colorado Death Certificate
Medical item including cause of death Item # 3, 23 - 35	Physician and/or Coroner	Form to Correct a Colorado Death Certificate signed by a physician and/or coroner
Medical Item # 3, 23 - 35	Funeral Director or person acting as such (<i>Typographical errors only</i>)	Form to Correct a Colorado Death Certificate
Marital Status	Informant or next of kin if informant is deceased	Form to Correct a Colorado Death Certificate along with Documentary Evidence
Marital Status	Funeral Director or person acting as such	Form to Correct a Colorado Death Certificate
Marital Status/Common Law	Interested party	Certified Court Order directing Vital Statistics to change the marital status on the death certificate

All documents which support the information being corrected must have been established at least five years prior to the date of application or within seven years of the date of event. (CVSR 5 CCR 1006-1 Section 5.1)

SUGGESTED DOCUMENTS:

- Certified birth record (state or county issued)
- Certified baptismal or other church records
- School census or transcript records
- Military Discharge Record (DD214)
- Insurance policy-application page
- Employment records
- Social Security Numident or SS-5
- Certified Court Order

Colorado Board of Health Regulation Section 5.1 (D) Amendment of the Same Item More Than Once - Once an amendment of an item is made on a vital record, that item shall not be amended again... All subsequent changes to the same item must be done by preparing and filing a new certificate.

*****EXCHANGE POLICY** - Effective 7/1/2011 previously issued certified copies of the death certificate(s) may be exchanged at any time after a correction has been made to the death certificate for \$13.00 each. You must return the certified copies of the death certificate(s) to utilize this service.

The penalties for obtaining a record under false pretenses include a fine of not more than \$1,000 or imprisonment in the county jail for not more than one year or both such fine and imprisonment (CRS 25-2-118)

I have read and understood there are penalties for obtaining a record under false pretenses

CHECKLIST▶	<p>TO AVOID DELAY SEND THE FOLLOWING</p> <p><input type="checkbox"/> 1. Form to Correct a Colorado Death Certificate</p> <p><input type="checkbox"/> 2. Documentary Evidence</p> <p><input type="checkbox"/> 3. **ID, return your request with a copy of your driver's license, state ID, passport or other acceptable ID</p> <p><input type="checkbox"/> 4. Fee's</p>
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