

FILE COPY OF DEATH CERTIFICATE

This is not a legal document.To be used for administrative purposes only.

STATE FILE NUMBER

DECEDENT'S LEGAL NAME(Include AKA's if any) (First, Middle,Last)						DATE OF DEATH
SEX	SOCIAL SECURITY NUMBER	AGE-Last Birthday (Years)	UNDER 1 YEAR Months	UNDER 1 DAY Days	DATE OF BIRTH (MO/Day/Yr)	BIRTHPLACE (State or Foreign Country)
IF DEATH OCCURRED IN HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):				
Facility Name (if not institution give Street & number)			CITY,TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
RESIDENCE - STREET AND NUMBER				APT. NO.	ZIPCODE	IS INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
RESIDENCE -STATE		COUNTY		CITY OR TOWN		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)			KIND OF BUSINESS/INDUSTRY			
DECEDENT OF HISPANIC ORIGIN?			DECEDENT'S RACE			
EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Civil Union <input type="checkbox"/> Unknown		SPOUSE/PARTNER NAME (if wife give name prior to first marriage)			
FATHER'S NAME PRIOR TO FIRST MARRIAGE			MOTHER'S NAME PRIOR TO FIRST MARRIAGE			
INFORMANT NAME			RELATIONSHIP TO DECEDENT			
NAME OF FUNERAL HOME FAIRMOUNT MORTUARY			CITY AND STATE OF FUNERAL HOME DENVER COLORADO		WAS CORONER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE OF FUNERAL DIRECTOR			DATE OF FUNERAL DIRECTOR SIGNATURE			
METHOD OF DISPOSITION <input type="checkbox"/> Burial -Cemetery <input type="checkbox"/> Burial-Private Land <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Alkaline Hydrolysis			PLACE OF DISPOSITION(Name of cemetery,crematory or other place)		LOCATION - CITY,COUNTY, STATE DENVER, DENVER, COLORADO	

I understand that the death certificate is an important **LEGAL DOCUMENT** and the information that I provide to the funeral director **MUST** be correct. I certify by my signature below, that the information above is correct. I also understand that if the information is **NOT** correct that I will be responsible for any and all charges to correct the certificate of death.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_