



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

Complete this section to correct items #3 and #23 thru #35

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 ▼

Item #	_____	_____
Item #	_____	_____
→	_____	_____
Signature of Physician	_____	Printed Name of Physician _____
→	_____	_____
Signature of Coroner	_____	Printed Name of Coroner _____
→	_____	_____
*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

Complete this section to correct items #1, #2, and #4 thru #21b

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 ▼

Item #	_____	_____

▼ REQUESTOR ▼

FUNERAL HOME USE ONLY	** (ID REQUIRED)	INFORMANT OR NEXT OF KIN	** (ID REQUIRED)
The information above is true to the best of my knowledge and I request the death certificate be corrected accordingly.		The information above is true to the best of my knowledge and I request the death certificate be corrected accordingly.	
Signature ▶	Date:	Signature ▶	Date:
Print Name:		Print Name:	
Name and Address:		Address:	
If you would like to be notified when completed (Check box✓)		Phone:	
<input type="checkbox"/> Phone:			
<input type="checkbox"/> Email (Print Clearly)▶		If informant is deceased (specify your relationship)▶	

****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 (\$)	=	\$
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		10.00	=	\$
Total Number of Death Certificates: _____				Total: \$ _____

VA COPY ▶ check box if a copy is needed for the Veterans Administration _____

CONTACT INFORMATION ▶ Name: Sean Cancanon Phone: 303-692-2236 Email: sean.cancanon@state.co.us

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

METHODS OF PAYMENT ▶ We accept Checks and/or Money Orders (payable to Vital Records), and Credit Cards. Not responsible for cash sent through the mail

OUR WEBSITE ▶ www.colorado.gov/cdphe PROCESSING TIME ▶ 5 business days upon receipt of your request

***CREDIT CARDS ORDERS ▶ Visa MasterCard Discover Convenience charge will apply (see fee schedule above)

Credit Card Number: _____ Expiration Date: _____ Total Charges: \$ _____

INSTRUCTIONS TO CORRECT A COLORADO DEATH CERTIFICATE

Item To Be Corrected	Who May Apply To Make The Correction?	Documents 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	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	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

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 9.3)

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 9.7 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 ►

TO AVOID DELAY SEND THE FOLLOWING:

- 1. Form to Correct a Colorado Death Certificate
- 2. Documentary Evidence
- 3. **ID, return your request with a copy of your driver's license, state ID, passport or other acceptable ID
- 4. Fees