



DEATH CERTIFICATE AMENDED FORM

This form is used to add or update medical information and to add a coroner co-sign on an existing/registered record.

Please send the form by secured email or fax to:
Email: cdphe_deathcertificates@state.co.us | Fax: 1-866-653-2904

SECTION 1: TO: State vital Records - Registration Section, FROM: (Medical Certifier), DATE, REGISTRANT'S DATE OF DEATH, Our records indicate that you will be completing the death certificate for: FIRST NAME(S), MIDDLE NAME(S), LAST NAME(S), SUFFIX, INFORMATION NOT YET AVAILABLE AND MEDICAL INFORMATION

SECTION 2: DID DEATH INVOLVE INJURY?, WAS DEATH IN CUSTODY, INJURY AT WORK?, TRANSPORTATION INJURY?, DATE OF INJURY TYPE, DATE OF INJURY, TIME OF INJURY TYPE, IF TRANSPORTATION INJURY, SPECIFY ROLE, TIME OF INJURY, TIME OF INJURY INDICATOR, PLACE OF INJURY, STREET NUMBER OF INJURY, INJURY DESCRIPTION

SECTION 3: WAS DECEDENT UNDER HOSPICE CARE?, TIME OF DEATH TYPE, TIME OF DEATH & INDICATOR, DATE PRONOUNCED DEAD, TIME PRONOUNCED AND INDICATOR, WAS AN AUTOPSY PERFORMED?, WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?, DID TOBACCO USE CONTRIBUTE TO DEATH?, IF FEMALE, MANNER OF DEATH

CAUSE OF DEATH SECTION: PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). PART II. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not resulting in the underlying cause given in part I).

SIGNATURES: PHYSICIAN (TITLE, NAME ADDRESS AND ZIP CODE OF PHYSICIAN, SIGNATURE OF PHYSICIAN, DATE SIGNED, EMAIL ADDRESS, PHONE NUMBER) and CORONER (TITLE, NAME ADDRESS AND ZIP CODE OF CORONER, SIGNATURE OF CORONER, DATE SIGNED, EMAIL ADDRESS, PHONE NUMBER)

This is a coroner co-sign.