



At Latina Funerals & Cremations, we are committed to completely serving you and your family with dignity and compassion. The staff at Latina is responsible for assisting with the process of completing the death certificate, obtaining the medical certification and filing it with the registrar in the county of death. In order to complete this process, we need your assistance in gathering the statistical information shown below, that is required by the State of Colorado, in order to proceed.

(Rev. 10/2014)

1. DECEDENT'S NAME (First, Middle, Last)				2. SEX		3. DATE OF DEATH (Month, Day, Year)		
4. SOCIAL SECURITY NUMBER		5a. AGE - (Years)	5b. UNDER 1 YEAR Mos Days	5c. UNDER 1 DAY Hrs Mins		6. DATE OF BIRTH Month Day Year		7. BIRTHPLACE (City and State or Foreign Country)
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify)						OTHER: <input type="checkbox"/> Assisted Living/Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Decedent's Residence
9b. FACILITY NAME (If not institution, give street and number)				9c. CITY, TOWN, OR LOCATION OF DEATH			9d. COUNTY OF DEATH	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)			10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		12. SPOUSE (If wife, give maiden name)	
13a. RESIDENCE - STATE		13b. COUNTY	13c. CITY, TOWN, OR LOCATION			13d. STREET AND NUMBER		
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (If "Yes", specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE: American Indian, Black, White, etc. (Specify)		16. EDUCATION: (Specify only highest grade completed) Elementary or secondary (0 - 12) College (13-16 or 17+)		
17. FATHER - NAME (First, Middle, Last)			18. MOTHER - NAME (First, Middle, Maiden)			19. INFORMANT - NAME and relationship to deceased		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial/Entombment <input type="checkbox"/> Resomation <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			20c. LOCATION - City or Town, State		