

# COLORADO CORONERS ASSOCIATION APPLICATION

## For Death Investigator Certification

Attach your current  
face photo here  
as a 2" x 2" photo

**Professional, work  
appropriate  
pictures ONLY**

Attach your business card here (Required)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Work phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
County: \_\_\_\_\_ Coroner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

### CANDIDATE MUST POSSESS A HIGH SCHOOL DIPLOMA OR GED:

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Year issued: \_\_\_\_\_

**(Please include a copy of Certificate)**

### ADDITIONAL EDUCATION (Not Required):

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Field: \_\_\_\_\_ Year: \_\_\_\_\_  
Degree: \_\_\_\_\_ License: \_\_\_\_\_ Certificate: \_\_\_\_\_

**(Please include a copy of Certificate/ Diploma/ License)**

**CANDIDATE WILL HAVE ATTENDED** Colorado Coroners Association's Seminar or a National Seminar on Death Investigation within past four (4) years.

Course Attended: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Date: \_\_\_\_\_ **(Please include a copy of Certificate)**

**Candidate will have investigated 10 deaths:**

Attendance at death investigations must be signed off by a certified death investigator. You will have investigated 10 deaths and attended 5 autopsies performed by a Board-certified forensic pathologist.

1.	Cause: _____	Manner: _____	
	Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/>	Age/Sex _____	Date _____
	Certified by (print name and sign) _____		
2.	Cause: _____	Manner: _____	
	Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/>	Age/Sex _____	Date _____
	Certified by (print name and sign) _____		
3.	Cause: _____	Manner: _____	
	Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/>	Age/Sex _____	Date _____
	Certified by (print name and sign) _____		
4.	Cause: _____	Manner: _____	
	Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/>	Age/Sex _____	Date _____
	Certified by (print name and sign) _____		
5.	Cause: _____	Manner: _____	
	Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/>	Age/Sex _____	Date _____
	Certified by (print name and sign) _____		
6.	Cause: _____	Manner: _____	
	Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/>	Age/Sex _____	Date _____
	Certified by (print name and sign) _____		
7.	Cause: _____	Manner: _____	
	Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/>	Age/Sex _____	Date _____
	Certified by (print name and sign) _____		
8.	Cause: _____	Manner: _____	
	Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/>	Age/Sex _____	Date _____
	Certified by (print name and sign) _____		
9.	Cause: _____	Manner: _____	
	Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/>	Age/Sex _____	Date _____
	Certified by (print name and sign) _____		
10.	Cause: _____	Manner: _____	
	Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/>	Age/Sex _____	Date _____
	Certified by (print name and sign) _____		

**Candidate will have attended five autopsies:**

**Performed and signed by a Board Certified forensic pathologist.**

Date	Place	Cause	Manner	Pathologist	Signature
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

*I hereby certify that all the information given is true and accurate to the best of my knowledge. I further certify that I am a member in good standing with Colorado Coroners Association and have attended at least one Colorado Coroners Association training session per year, and have no felony conviction against my record nor do I have any charges pending at this time. I am submitting this application in good faith for certification by the Colorado Coroners Association.*

*Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

*I hereby certify that the above information is true and accurate to the best of my knowledge and have completed a standard background check on the above-mentioned applicant and recommend he/she be certified by the Colorado Coroners Association.*

*Elected Coroner signature: \_\_\_\_\_*

*County: \_\_\_\_\_ Date: \_\_\_\_\_*

*For Board Use Only*

*CCA Approved Yes  No  If no, give reason*

*Code of Ethics  Autopsies  Investigations  Diploma  Seminar  Photo*

*Sent to applicant Letter  Email  Certificate  Date Sent \_\_\_\_\_*

*Board Signature \_\_\_\_\_ Date \_\_\_\_\_*

Scan and email the completed application to: [coloradocoroners@gmail.com](mailto:coloradocoroners@gmail.com)



# COLORADO CORONERS CODE OF ETHICS

As a county coroner or coroner investigator, my fundamental duty is to serve mankind in the process of a thorough, comprehensive search for truth through medico-legal death investigation.

Honesty, integrity, competence, compassion, and fairness will be my guidelines. I will obey all laws and adhere to the regulations of my department. Confidentiality will be kept at all times unless necessary information is to be shared in the performance of duty.

Personal feelings, prejudices, or friendships will not influence my decisions.

I recognize my position is a public trust and I will be true to these ethics.

I will continue to study, train, and work to advance scientific knowledge in my chosen field. I will readily seek consultation and use the talents and knowledge of others.

I will constantly strive to achieve these objectives and ideals dedicating myself to justice.

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Signature

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Date