

# Washington State Death Worksheet

## Electronic Death Registration System (EDRS)

### \*Required Information

<b>*First Name</b>			Middle Name		<b>*Last Name</b>			Suffix	
<b>*Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> X		<b>*County of Death</b>		<b>*Date of Death</b> How Determined <input type="checkbox"/> Actual <input type="checkbox"/> Found		<b>Time of Death</b> How Determined <input type="checkbox"/> Actual <input type="checkbox"/> Found			
<b>*Date of Birth</b> (MM/DD/YYYY) <input type="checkbox"/> Unknown		<b>*Reported Age</b> <input type="checkbox"/> Unknown <input type="radio"/> 1 Year or more _____ Years <input type="radio"/> Less than 1 Year    _____ Months    _____ Days    _____ Hours    _____ Minutes							
<b>*Social Security Number</b> <input type="radio"/> Reason Not Available <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Not Obtainable		<b>Any Aliases?</b> First Name		Middle Name		Last Name		Suffix	
<b>*Hispanic Ethnicity</b> <input type="checkbox"/> Unknown <input type="radio"/> Sought, but Unknown, <input type="radio"/> Refused, <input type="radio"/> Not obtainable  <input type="radio"/> No Response <input type="radio"/> No, Not Spanish/Hispanic/Latino <input type="radio"/> Yes (Choose all that apply) <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino _____				<b>*Race</b> <input type="checkbox"/> Unknown <input type="radio"/> Sought, but Unknown, <input type="radio"/> Refused, <input type="radio"/> Not obtainable (Choose all that apply)					
				<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native _____ _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian _____ _____				<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander _____ _____ <input type="checkbox"/> Other _____ _____	
<b>*Place of Birth</b> <input type="checkbox"/> Birth Place Unknown		Country		State		County		City	
<b>*Place of Residence</b>		Country		Street		Unit		City	
								State	
								Zip	
								County	
<b>*Estimate Length of Time at Residence</b> <input type="radio"/> 1 Year or more _____ Years <input type="radio"/> Less than 1 Year    Months _____ Days _____ <input type="radio"/> Unknown				<b>*Inside City Limits?</b> <input type="radio"/> No Response <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<b>Reside on Tribal Reservation?</b> <input type="radio"/> No Response <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
<b>*Education</b> <input type="checkbox"/> 8 <sup>th</sup> grade or less (Specify) _____ <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD or Professional degree (e.g., MD, DDS, DVM, LLB, JD))				<b>*Usual Occupation</b> (DO NOT enter RETIRED)					
				<b>*Business/Industry</b> (DO NOT use COMPANY NAME)					
<b>*Was Decedent ever in U.S. Armed Forces?</b> <input type="radio"/> No Response <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				<b>*Marital Status at Time of Death</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Domestic Partner Surviving Spouse or Domestic Partner Name _____					
<b>*Parent's Names</b> Father/Parent First Name		Middle Name		Last Name <input type="checkbox"/> Parent/Parent Labels on Death Certificate				Suffix	
Mother/Parent First Name		Middle Name		Last Name					
<b>*Informant's Name</b>		Relationship to Decedent		Address (Street, City, State, Zip, [Country if not United State])					
<b>*Where did death occur?</b> <input type="radio"/> No Response <input type="radio"/> Hospital _____  Location in Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival				<input type="radio"/> Other Facility Name or Location <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent Home <input type="checkbox"/> Other (Specify) _____					
				City		Zip			
Funeral Home Handling Case				<b>Was ME/Coroner Informed?</b> <input type="radio"/> Yes <input type="radio"/> No					
<b>*Disposition</b> <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Body not Recovered <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Alkaline Hydrolysis <input type="checkbox"/> NOR				<b>Date of Disposition</b> <input type="checkbox"/> Unknown Month _____ Day _____ Year (YYYY)		<b>Place of Final Disposition</b> (Name of cemetery, crematory, other place)			
Country		State		City					