



HAVEN OF REST

G I G H A R B O R

P.O. BOX 156 GIG HARBOR, WA 98335 (253) 851-9991

Certifier
Address
Phone

TOD

1. Legal Name (Include AKA's in any)	2. Death Date (MM/DD/YY)
	6. County of Death

3. Sex (M/F)	4a. Age-Last Birthday (Years)	4b. Under 1 year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number
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12. Was decedent ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	7. Birthdate (MM/DD/YY)	8a. Birthplace (City, Town or County)	8b (State or Foreign Country)
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9. Decedents Education-Check the box that best describes the highest degree or level of school completed at the time of death.)

10. Was Decedent of Hispanic Origin? (Check the box that best describes whether the decedent was Spanish/Hispanic/Latino or check the "No" box if decedent was not Hispanic/Spanish/Latino)

11. Decedent's Race (Check one or more races to indicate what the decedent considered himself or herself to be.)

- 8th grade or less (Specify): _____
- 9th - 12th grade, no diploma (Specify): _____
- High School graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree(s) (e.g., MD, DDS, DVM, LLB, JD)

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino

- White
- Black or African American
- American Indian or Alaska Native
(Name of the enrolled or principal tribe) _____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Vietnamese
- Other Asian
(Specify) _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
(Specify) _____
- Other
(Specify) _____

13a. Residence Number and Street (e.g. 634 SE 5th St.) (include Apt. No.)	13b. City or Town
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13c. Residence County	13d. Tribal Reservation Name (If Applicable)	13e. State or Foreign Country	13f. Zip Code + 4
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13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	14. Estimated length of time at residence (Specify units (e.g. 5 years, 6 months, etc.))	15. Marital Staus at Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
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16. Surviving Spouse's Name (Give name prior to first marriage)

17. Usual Occupation (Indicate type of work done during most of working life.) (Do not use retired)	18. Kind of Business/Industry (Do not use Company Name)
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Parent's and Informant's Information

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
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21. Informant's Name	22. Relationship to Decedent
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23. Mailing Address	Number & Street or RFD No.	City or Town	State	Zip	NOK Phone
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Place of Death