

WASHINGTON STATE CERTIFICATE OF DEATH WORKSHEET

How did you hear about us? _____ Appointment with Family _____ (Place) _____ (Day/Time) _____

Legal Name _____ AKA _____

Birth Date _____ Age – Last Birthday _____ Birthplace (City, State) _____

Social Security Number _____ - _____ - _____ Sex (circle one) Male Female

Was Decedent ever in U.S. Armed Forces? (circle one) Yes Branch _____ No Unknown

Decedent's address _____ Time at residence _____ Time in Tri-Cities _____

In City Limits (Y/N) _____ City _____ County _____ State _____ Zip _____

Decedent's Education (Check the box that best describes the highest or level of school completed at the time of death.)

- | | | |
|---|---|---|
| <input type="checkbox"/> 8th grade or less (Specify): _____ | <input type="checkbox"/> 9th—12th grade; no diploma | <input type="checkbox"/> High school graduate or GED complete |
| <input type="checkbox"/> Associate degree (e.g., AA, AS) | <input type="checkbox"/> Some college credit, no degree | <input type="checkbox"/> Master's degree (e.g., MA, MS, Meng, Med, MSW, MBA) |
| <input type="checkbox"/> Doctorate (e.g., PhD, EdD) | <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) | <input type="checkbox"/> or Professional degree (e.g., MD, DDS, DVM, LLB, JD) |

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 Spanish/Hispanic/Latino.)

- | | | |
|--|--|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Cuban | <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify): _____ | |

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

- | | | |
|--|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Chinese | (Name of the enrolled or principal tribe): _____ |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese | _____ |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Asian (Specify): _____ |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Pacific Islander (Specify): _____ | | <input type="checkbox"/> other (specify): _____ |

Marital Status at Time of Death (circle one) Never Married Married Domestic Partner Divorced Widowed Separated Unknown

Surviving Spouse's Name First _____ Middle _____ Last /Maiden _____

Usual Occupation _____ Industry _____

Name of Business _____ Retired _____

Father's Name First _____ Middle _____ Last _____

Mother's Name First _____ Middle _____ Maiden _____

Informant Name	2nd Person of Contact Name
Relationship _____ Phone _____	Relationship _____ Phone _____
Address _____	Address _____
City, State Zip _____	City, State Zip _____
Email _____	Email _____

Method of Disposition (circle one) Burial Cremation Removal from State Entombment Donation Body Not Recovered

Date of Disposition _____ Place of Disposition (Cemetery) _____

Physician/Coroner _____ Phone _____

Autopsy: Yes No Referred to Coroner: Yes No

Funeral Director: _____ Certified Copies# _____ Pick up _____ Reg Mail _____ Cert. Mail _____