

OREGON DEATH CERTIFICATE WORKSHEET FOR FUNERAL HOMES

Instructions: This worksheet is designed to be used as a supplemental tool when obtaining information from an informant or family member about the decedent. We recommend that both the informant and funeral director review the worksheet for completeness and sign and date it. If a typographical error occurs in marital status or name of spouse, having a signed worksheet can be used as evidence to support the correction of the record by the funeral director.

1. Decedent's full legal name – Legal name, not nicknames

Prefix	First	Middle	Other Middle
Last name prior to first marriage		Last	Suffix

AKA (full name) _____ (Only include if substantially different than legal name)

2 a-b. Date of death _____ (mo dd yyyy)

☐ Actual date of death ☐ Approximate date of death ☐ Court determined date of death
☐ Presumed date of death ☐ Found date of death

3 a-b. Time of death _____ ☐ AM ☐ PM ☐ Military

☐ Actual time of death ☐ Approximate time of death ☐ Court determined time of death
☐ Presumed time of death ☐ Unknown time of death ☐ Found time of death

4. County of death _____

5. Sex ☐ F ☐ M ☐ Undetermined Unknown X 6. SSN _____ None Unknown

7. Date of birth _____ (mo dd yyyy) 8 a-b. Age _____ ☐ years ☐ months ☐ days ☐ hours ☐ minutes

9. Birth place _____
City or Town State Country

10. a-c. Served in U.S. Armed Forces? ☐ No ☐ Yes ☐ Unknown

If cannot determine if the decedent served in the Armed Forces, select unknown. DO NOT leave this blank.

If the decedent served in the U.S. Armed Forces, did the decedent **serve in a Combat Zone?** ☐ No ☐ Yes.

If "Yes", add the **Location of Combat Zone:** _____

The informant may select the **Combat Zone Location(s)** that apply from the list at the end of this document or they may provide other location(s). We will accept any location(s) provided.

If this is an electronic death record, you must use a semi-colon in the electronic system (";") between locations, if more than one location is listed.

See attached list at the end of this worksheet for a list of **Combat Zone Locations**

11. Decedent's resident address

Street Number, Name, Apt #		City or Town	
County	State	Country	Zip Code + 4

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12. Inside city limits? ☐ No ☐ Yes ☐ Unknown

13. Marital Status at time of death

- | | | |
|---|--|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Oregon Registered Domestic Partnership |
| <input type="checkbox"/> Legal Separation
(Court-appointed status) | <input type="checkbox"/> Never married | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Widowed | | |

14. Spouse's name prior to first marriage

_____	_____	_____
First	Middle	Last (prior to first marriage)

15. Father's name

_____	_____	_____
First	Middle	Last

16. Mother's name prior to first marriage

_____	_____	_____
First	Middle	Last (prior to first marriage)

17 a-b. Informant's name _____

First	Middle	Last	Suffix
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Informant's Telephone Number _____

18. Relationship to Decedent

- | | | | |
|--|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Parent | <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Father | <input type="checkbox"/> Son | <input type="checkbox"/> Daughter | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandson |
| <input type="checkbox"/> Granddaughter | <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle | <input type="checkbox"/> Niece |
| <input type="checkbox"/> Nephew | <input type="checkbox"/> Cousin | <input type="checkbox"/> Other (specify) _____ | |

19. Informant's mailing address ☐ same as decedent's residence address

_____	_____	_____	_____	_____
Street Number, Name, Apt # or PO Box	City/Town	State	Country	Zip Code

20. Method of Disposition

<input type="checkbox"/> Burial	<input type="checkbox"/> Donation and cremation
<input type="checkbox"/> Cremation	<input type="checkbox"/> Entombment
<input type="checkbox"/> Dissolution	<input type="checkbox"/> Removal from state (check this box if disposition occurred outside of Oregon, regardless of method)
<input type="checkbox"/> Other (specify) _____	

21. Date of Disposition _____

22. Place of Disposition _____

23. Location _____

City or Town	State	Country
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24. Name of Funeral Facility _____

Complete address of Funeral Facility _____

25. Date Disposition Permit Printed _____ **26. ID Tag Number** _____

27. Decedent's Occupation _____ **28. Decedent's Industry** _____

29. Decedent's Education – Show informant the education card

- | | |
|--|---|
| <input type="checkbox"/> 8 th grade or less; none | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> 9 th -12 th grade; no diploma | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Doctorate or Professional degree |
| <input type="checkbox"/> Unknown | |

30. Hispanic Origin – Show informant the ethnicity card (more than one choice can be indicated)

- | | | |
|--|--|---|
| <input type="checkbox"/> No, Not Hispanic | <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Other Hispanic Origin |
| <input type="checkbox"/> Yes, Mexican | <input type="checkbox"/> Yes, Cuban | Specify _____ |
| <input type="checkbox"/> Unknown if Hispanic | | |

31. Race – Show informant the race card; Check one or more races to indicate what the decedent considered himself or herself to be.

- | | | |
|--|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native
(specify tribe(s)) _____ | <input type="checkbox"/> Other Pacific Islander
(specify) _____ |
| <input type="checkbox"/> Black or African American | | |
| <input type="checkbox"/> Asian Indian | | <input type="checkbox"/> Other Asian (specify) _____ |
| <input type="checkbox"/> Chinese | | |
| <input type="checkbox"/> Filipino | | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> Samoan | | |

- 32. Place of Death**
- | | |
|---|---|
| <input type="checkbox"/> Hospital Inpatient | <input type="checkbox"/> Hospice Facility |
| <input type="checkbox"/> Hospital ER/Outpatient | <input type="checkbox"/> Nursing Facility |
| <input type="checkbox"/> Hospital DOA | <input type="checkbox"/> Licensed Assisted Living Facility |
| <input type="checkbox"/> Decedent's Residence | <input type="checkbox"/> Licensed Residential Care Facility |
| <input type="checkbox"/> Decedent's Residence – Hospice | <input type="checkbox"/> Licensed Adult Foster Home |
| | <input type="checkbox"/> Other _____ |

33. Facility name _____

34. Location of Death: ☐ Same as decedent's residence address

_____	_____		
Street Number and Name	City or Town		
_____	_____	_____	_____
State	County	Country	Zip Code

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Informant Signature _____ Date _____

Funeral Director Signature _____ Date _____

Veteran's Status – Location of Combat Zone

The following is a list of combat zones as defined by the U.S. Department of Veterans Affairs. Please list any or all locations from the left column that the decedent served while in the U.S. Armed Forces. You are free to report any locations not named at the bottom of this form.

Location of Combat Zone	Details and Time Period	Check if Served
World War II (or name country below if desired)	European-African-Middle Eastern Campaign, from 12/7/1941 to 11/8/1945	
	Asiatic-Pacific Campaign, from 12/7/1941 to 3/2/1946	
	American Campaign, from 12/7/1941 to 3/2/1946	
	American Merchant Marines, in oceangoing service from 12/7/1941 to 8/15/1946	
Korea	From 6/27/1950 to 7/27/1954	
Vietnam	From 2/28/1961 to 5/7/1975	
Lebanon	From 8/25/1982 to 2/26/1984	
Grenada	From 10/23/1983 to 11/21/1983	
Panama	From 12/20/1989 to 1/31/1990	
Persian Gulf	Beginning 8/2/1990, ongoing	
Somalia	Beginning 9/17/1992, ongoing	
Bosnia	From 11/21/1995 to 11/1/2007	
Yugoslavia (now Bosnia- Herzegovina) & Croatia	Operations Joint Endeavor, Joint Guard, or Joint Forge, aboard U.S. Naval vessels in the Adriatic Sea, or air spaces above these areas, from 12/20/1995 to 12/2/2004	
Kosovo	Beginning 3/24/1999, ongoing	
	Operations Joint Endeavor, Joint Guard, or Joint Forge, either in its waters or airspace, beginning 3/24/1999, ongoing	
Afghanistan (or name below)	Operation Enduring Freedom, spanning multiple countries, beginning 10/7/2001, ongoing	
Iraq	Operation Iraqi Freedom, from 3/19/2003 to 2/17/2010	
	Operation New Dawn, beginning 02/17/2010, ongoing	
Global War on Terrorism (name below)	Military expeditions to combat terrorism, beginning 9/11/2001, ongoing	
Name any other locations in this space		