

ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF VITAL RECORDS

# DEATH REGISTRATION WORKSHEET

This form is for the collection of the data needed to complete the Arizona Certificate of Death. ***This is not a death certificate.***

Arizona Revised Statute §36-342. Disclosure of information; prohibition

A. The state registrar may provide information contained in vital records to persons, including federal, state, local and other agencies, as required by law and for statistical or research purposes.

B. Except as authorized by law, a local registrar, a deputy local registrar or the state registrar or their employees shall not:

1. Permit inspection of a vital record or evidentiary document supporting the vital record.
2. Disclose information contained in a vital record.
3. Transcribe or issue a copy of all or part of a vital record.

1A. LEGAL FIRST NAME		1B. LEGAL MIDDLE NAME		1C. LEGAL LAST NAME		1D. SUFFIX		1E. AKA'S IF ANY		1F. DECEDENT'S NAME PRIOR TO FIRST MARRIAGE	
2. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		3. DATE OF DEATH <input type="checkbox"/> Actual <input type="checkbox"/> Found		4. TIME OF DEATH ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military <input type="checkbox"/> Actual <input type="checkbox"/> Found		5A. DATE OF BIRTH		5B. AGE IN ____ Years   ____ Months   ____ Days ____ Hours   ____ Minutes			
6. U.S. SOCIAL SECURITY NUMBER  <input type="checkbox"/> None <input type="checkbox"/> Unknown		7A. PLACE OF DEATH _____ City, Town, or Location                      County                      Zip Code				7B. PLACE OF DEATH <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Nursing Home/Long Term Care <input type="checkbox"/> Other (Specify) _____					
7C. PLACE OF DEATH FACILITY					7D. SPECIFY OTHER INSTITUTION OR SPECIFY STREET AND NUMBER						
8. MARITAL STATUS <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown <input type="checkbox"/> Widowed											
9A. FIRST NAME OF SURVIVING SPOUSE		9B. MIDDLE NAME OF SURVIVING SPOUSE		9C. LAST NAME OF SURVIVING SPOUSE		9D. SUFFIX		9E. LAST NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE			
10. EDUCATION (SELECT ONE) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th through 12th 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, 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, DO) <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown <input type="checkbox"/> Not Classifiable											
11A. NAME OF PHYSICIAN, PA, OR NP EXPECTED TO SIGN DEATH CERTIFICATE						11B. TELEPHONE NUMBER			11C. FAX NUMBER		
12. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
13. DECEDENT'S RACE (Select all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"> <input type="checkbox"/> White <input type="checkbox"/> Filipino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify) _____ (Specify) _____ </div> <div style="width: 20%;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Not Obtainable </div> <div style="width: 20%;"> <input type="checkbox"/> Black or African American <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ (Specify) _____ </div> <div style="width: 20%;"> <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ (Specify) _____ </div> <div style="width: 20%;"> <input type="checkbox"/> American Indian or Alaska Native Primary or Enrolled Tribe _____ Secondary Tribe (Optional) _____ Additional Tribe _____ Additional Tribe _____ <input type="checkbox"/> Unknown </div> </div>											

14. DECEDENT'S HISPANIC ORIGIN (Check the box that best corresponds with the decedent's ethnic identity as given by the informant) <input type="checkbox"/> Not Spanish, Hispanic or Latino <input type="checkbox"/> Mexican, Mexican American or Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable										
15A. BIRTH COUNTRY		15B. BIRTH STATE		15C. BIRTH COUNTY			15D. BIRTH CITY			
16A. DECEDENT'S STREET ADDRESS			16B. UNIT #	16C. CITY		16D. STATE		16E. ZIP CODE	16F. RESIDENCE COUNTY	
16G. RESIDENCE COUNTRY		17. HOW LONG IN ARIZONA (Days, Years, etc.)			18. IN CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. ON ARIZONA RESERVATION <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, name of Arizona Reservation _____			
20. DECEDENT'S OCCUPATION		21. DECEDENT'S INDUSTRY			22. U.S. ARMED FORCES <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		23A. FATHER'S FIRST NAME		23B. FATHER'S MIDDLE NAME	
23C. FATHER'S LAST NAME		23D. SUFFIX	24A. MOTHER'S FIRST NAME		24B. MOTHER'S MIDDLE NAME		24C. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE			
25A. INFORMANT'S FIRST NAME		25B. INFORMANT MIDDLE NAME		25C. INFORMANT LAST NAME		25D. SUFFIX		26. RELATIONSHIP TO DECEASED		
27A. INFORMANT'S MAILING ADDRESS (including county)									27B. ZIP CODE	
28. TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION OF THIS WORKSHEET IS TRUE AND CORRECT  Informant's Signature _____ Date Signed _____									29. DATE OF FINAL DISPOSITION	
30. METHOD(S) OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Donation/Burial <input type="checkbox"/> Donation/Cremation <input type="checkbox"/> Donation/Entombment <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Removal/Burial <input type="checkbox"/> Removal/Cremation <input type="checkbox"/> Removal/Donation <input type="checkbox"/> Removal/Donation/Burial <input type="checkbox"/> Removal/Donation/Cremation <input type="checkbox"/> Removal/Donation/Entombment <input type="checkbox"/> Removal/Entombment <input type="checkbox"/> Removal/Other (Specify Other) _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify): _____										
31. NAME, CITY, & STATE OF FIRST DISPOSITION FACILITY OR CREMATORY					32. NAME, CITY & STATE OF SECOND DISPOSITION FACILITY OR CEMETERY					
33. NAME AND ADDRESS OF FUNERAL HOME					34A. FUNERAL DIRECTOR NAME			34C. SIGNATURE AND DATE		
					34B. LICENSE NUMBER					