

Washington State Death Certificate Worksheet

| | | | | | | | | | |
|---|--|--|---|---|--|--|--------------------------------|--|--|
| 1. Legal Name (Include AKA's if any) | | | | | 2. Death Date(MM/DD/YYYY) | | | | |
| First | | Middle | | LAST | | Suffix | | | |
| 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 | | | | | | | | | |
| 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/YYYY) | | | 8a. Birthplace (City, Town, or County) | | 8b. (State or Foreign Country) | | |
| 9. Decedent's Education-(Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8 th grade or less (Specify): _____ <input type="checkbox"/> 9 th - 12 th 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) | | | 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 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): _____ | | | 11. 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 (Name of the enrolled or principal tribe): _____ <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(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): _____ | | | |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) | | | | | | 13b. City or Town | | | |
| 13c. Residence: County | | 13d. Tribal Reservation Name (if applicable) | | 13e. State or Foreign Country | | 13f. Zip Code + 4 | | | |
| 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., 6 years, 6 month, etc.)) | | 15. Marital Status 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 | | | | | |
| 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) | | | | | |
| Parents' & Informant's Information | | | | | | | | | |
| 19. Father's Name (First, Middle, Last, Suffix) | | | | 20. Mother's Name Before First Marriage (First, Middle, Last) | | | | | |
| 21. Informant's Name | | | | 22. Relationship to Decedent | | | | | |
| 23. Mailing Address: Number&Street or RFD No. City or Town State Zip | | | | | | | | | |
| Place of Death | | | | | | | | | |
| 24. If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival | | | | If Death Occurred Somewhere Other than a Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): _____ | | | | | |
| 25. Facility Name (If not a facility, give number & street) | | | | 26. City, Town, or Location of Death | | 26b. State | 27. Zip Code | | |
| Disposition | | | | | | | | | |
| 28. Method of Disposition <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): _____ | | | | 29. Place of Disposition (Name of cemetery, crematory, other place) | | 30. Location-City/Town, and State | | | |
| 31. Name and Complete Address of Funeral Facility | | | | | | 32. Date of Disposition (MM/DD/YYYY) | | | |
| Informant Phone | | | | Informant Email | | | | | |