

**CHOICE CREMATIONS OF THE CASCADES DEATH CERTIFICATE WORKSHEET**

File # \_\_\_\_\_ - \_\_\_\_\_

1. Legal Name (include aka's if any)				First		Middle		Last		Suffix		Date of death	
3. Sex (M/F)		4a. Age (last birthday)		4b Under 1 year months days		4c under 1 day Hours Minutes		5. Social Security Number			6. County of death		
7. Birth date			8. Birthplace (City, Town, or County)				8b (State or Foreign Country)		9. Decedent's Education				
_____ / _____ / _____									_____ 8 <sup>th</sup> grade or less (specify): _____ _____ 9 <sup>th</sup> -12 <sup>th</sup> grade: no diploma _____ 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 (e.g. MD, DS, DVM, LLB, JD) _____ Other _____				
10. Was Decedent of Hispanic Origin?					11. Decedent's race								
_____ No, not Spanish/Hispanic/Latino _____ Yes, Mexican, Mexican American _____ Yes, Chicano _____ Yes, Puerto Rican _____ Yes, Cuban _____ Yes, other: Spanish/Hispanic/Latino (Specify: _____)					_____ White _____ Black or African American _____ American Indian or Alaska's Native Tribe Tribe _____ _____ other Spanish _____ Asian Indian _____ Chinese _____ Filipino _____ Japanese _____ Korean _____ Vietnamese _____ Other Asian _____ _____ Native Hawaiian _____ Guamanian or Chamorro _____ Samoan Other _____								
12. Decedent a Veteran			13. Residence Address										
13b City or Town			13c County			13d Tribal Reservation Name			13e State/Foreign Country		13f Zip Code		
13g In City Limits? yes, no, unk			14. How long at residence?			15. Marital status at time of death							
						_____ Married _____ Married, but separated _____ Widowed _____ Divorced _____ Never married _____ Unknown _____ Registered Domestic Partner							
16. Surviving spouses name (maiden name)					17. Usual Occupation (indicate type of work done during most of working life)				18. Kind of business/industry (do not use company name)				
19. Fathers name (first, middle, last, suffix)						20. Mothers name before first marriage (first, middle, <u>maiden</u> )							
21. Informants name			22. Relationship to decedent			23. Mailing address (number or RFD no.)							
City or Town			State		Zip Code		Informants Ph# number(s) Work: Home: Cell:						
24. Place of death, if death occurred in a hospital:						If death occurred somewhere other than a hospital:							
_____ Inpatient _____ Emergency room/outpatient _____ dead on arrival						_____ Hospice facility _____ Decedents home _____ Nursing home/long term care facility _____ AFH _____ Other If other, specify: _____							
25. Facility name (if not a facility, give number & street						26. City, town, or location of death		26b State		27. Zip code			
28. Method of disposition:						29. Place of disposition (name of cemetery, crematory, other place)							
_____ Burial _____ Cremation _____ Removal from State _____ Donation _____ Entombment _____ Body not recovered						30. Location: City		31. State		32. Date of disposition			
49. Name and address of: physician, medical examiner, coroner or ARNP						Telephone number		50. Time of death		55. ME/Coroner #			
						_____ - _____							