

Washington State Death Worksheet

Electronic Death Registration System (EDRS)

*** Required Information**

*First Name		Middle Name		*Last Name		Suffix	
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		*County of Death		*Date of Death (MM/DD/YYYY) How Determined <input type="checkbox"/> Actual <input type="checkbox"/> Found		Time of Death (HH:MM) How Determined <input type="checkbox"/> Actual <input type="checkbox"/> Found	
*Date of Birth (MM/DD/YYYY) <input type="checkbox"/> Unknown		*Reported Age <input type="checkbox"/> Unknown <input type="checkbox"/> 1 year or more _____ Years <input type="checkbox"/> Less than 1 year _____ Months _____ Days _____ Hours _____ Minutes					
*Social Security Number <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Unobtainable		Alias First Name _____ Middle Name _____ Last Name _____ Suffix _____					
*Hispanic Ethnicity <input type="checkbox"/> Unknown <input type="checkbox"/> Mexican, Mexican American, Chicano		<input type="checkbox"/> No Response <input type="checkbox"/> Puerto Rican		<input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Cuban		<input type="checkbox"/> Yes (Choose all that apply) <input type="checkbox"/> Other Spanish/Hispanic/Latino _____	
*Race (Choose all that apply) <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Sought, but Unknown <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean		<input type="checkbox"/> Refused <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Native Hawaiian		<input type="checkbox"/> Not Obtainable <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other _____	
*Place of Birth <input type="checkbox"/> Unknown		Country _____		State _____		County _____	
*Place of Residence Country _____		Street _____		City _____		Unit _____	
City _____		State _____		Zip _____		County _____	
*Length at Residence <input type="checkbox"/> 1 Year or more _____ Years <input type="checkbox"/> Less than 1 year _____ Months _____ Days		<input type="checkbox"/> Unknown *inside City Limits <input type="checkbox"/> No Response <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown		Reside on Tribal Reservation? <input type="checkbox"/> No Response <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown			
*Education <input type="checkbox"/> 8th grade or less (Specify) _____ <input type="checkbox"/> 9th-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, 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)			
*Usual Occupation (DO NOT use RETIRED)		*Industry (DO NOT use Company Name)		*Was Decedent ever in U.S. Armed Forces? <input type="checkbox"/> No Response <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown			
*Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				Surviving Spouse or Domestic Partner (Name prior to first marriage) _____			
*Parents' Names Father's First Name _____ Middle Name _____ Last Name _____ Suffix _____							
Mother's First Name _____		Middle Name _____		Last Name (Prior to first marriage) _____			
*Informant's Name		Relationship to Decedent _____		Address (Street, City, State, Zip, [Country if not United States]) _____			
<p>I acknowledge that I have checked this document for accuracy, spelling errors, and that the above information is true to the best of my knowledge. I understand that if any of the information I provided above is incorrect, a cost of \$20 per death certificate will be incurred should the death certificate need to be amended and reprinted.</p> <p><i>Note: Information a doctor places on the death certificate such as: causes of death, intervals, time of death, etc., can only be amended by the doctor who completes the death certificate.</i></p>							
*Informant's Signature				*Date			
*Where did death occur? <input type="checkbox"/> No Response <input type="checkbox"/> Hospital _____		Other Facility Name or Location <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ Street _____					
Location in Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		City _____		Zip _____			
Funeral Home Handling Case _____				Was ME/Coroner Informed? <input type="checkbox"/> Yes <input type="checkbox"/> No		ME/NJA #	
*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) _____		Date of Disposition (MM/DD/YYYY) <input type="checkbox"/> Unknown		Place of Final Disposition (Name of cemetery, crematory, other place)			
Street _____		State _____		City _____		Country _____	