

ARIZONA VSIMS WORKSHEET

DECEDENT'S LEGALNAME (FIRST, MIDDLE, LAST, SUFFIX)		AKA'S (IF ANY)		DATE OF DEATH <input type="checkbox"/> ACTUAL <input type="checkbox"/> FOUND	
SEX	SOCIAL SECURITY NUMBER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NONE	DATE OF BIRTH	AGE	UNDER 1 YEAR MONTHS DAYS	
				UNDER 1 DAY HRS MINS	

PLACE OF DEATH:
 DEAD ON ARRIVAL ER OUTPATIENT HOSPICE FACILITY INPATIENT DECEDENT'S RESIDENCE NURSING HOME/LONG TERM CARE
 OTHER (SPECIFY) _____ PLACE OF DEATH FACILITY _____
 SPECIFY OTHER INSTITUTION OR SPECIFY STREET, NUMBER, CITY, COUNTY & ZIP: _____ TIME OF DEATH
 _____ AM PM MILITARY

MARITAL STATUS: DIVORCED MARRIED MARRIED BUT SEPARATED NEVER MARRIED NOT OBTAINABLE UNKNOWN WIDOWED

 FIRST NAME OF SURVIVING SPOUSE MIDDLE NAME OF SURVIVING SPOUSE LAST NAME OF SURVIVING SPOUSE SUFFIX

 LAST NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE

EDUCATION (SELECT ONE) 8TH grade or less 9TH -12TH grade No diploma High School Grad/ GED completed Some College Credit but No Degree
 Associate Degree (e.g. AA, AS) Bachelor's Degree (e.g. BA, BS) Master's Degree (e.g.: MA, MS, MEng,etc) Doctorate (e.g.: PhD, EdD, MD, DO)
 Not Obtainable Unknown Refused Not Classifiable

DECEDENT'S RACE (SELECT ALL THAT APPLY)

<input type="checkbox"/> WHITE	<input type="checkbox"/> KOREAN
<input type="checkbox"/> BLACK OR AFRICAN-AMERICAN	<input type="checkbox"/> VIETNAMESE
<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> OTHER ASIAN (SPECIFY) _____
PRIMARY OR ENROLLED TRIBE: _____	<input type="checkbox"/> NATIVE HAWAIIAN
SECOND TRIBE (OPTIONAL): _____	<input type="checkbox"/> GUAMANIAN OR CHAMORRO
ADDITIONAL TRIBE: _____	<input type="checkbox"/> SAMOAN
ADDITIONAL TRIBE: _____	<input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) _____
<input type="checkbox"/> ASIAN INDIAN	<input type="checkbox"/> OTHER (SPECIFY) _____
<input type="checkbox"/> CHINESE	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> FILIPINO	<input type="checkbox"/> REFUSED
<input type="checkbox"/> JAPANESE	<input type="checkbox"/> NOT OBTAINABLE

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"/> OTHER (SPECIFY) _____
<input type="checkbox"/> MEXICAN, MEXICAN AMERICAN OR CHICANO	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> PUERTO RICAN	<input type="checkbox"/> REFUSED
<input type="checkbox"/> CUBAN	<input type="checkbox"/> NOT OBTAINABLE

BIRTH INFORMATION:

 BIRTH COUNTRY BIRTH STATE BIRTH COUNTY BIRTH CITY

DECEDENT'S RESIDENCE ADDRESS:

 DECEDENT'S STREET ADDRESS APT/UNIT# CITY STATE ZIP CODE

 RESIDENCE COUNTY RESIDENCE COUNTRY HOW LONG IN ARIZONA
 DAYS WEEKS MONTHS YEARS

YES NO UNKNOWN YES NO UNKNOWN
 IN CITY LIMITS ON AZ RESERVATION IF YES, NAME OF ARIZONA RESERVATION

 DECEDENT'S OCCUPATION DECEDENT'S INDUSTRY U.S. ARMED FORCES
 YES NO UNKNOWN

 FATHER'S FIRST NAME MIDDLE NAME LAST NAME SUFFIX

 MOTHER'S FIRST NAME MIDDLE NAME MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE

INFORMANT

 FIRST NAME MIDDLE NAME LAST NAME SUFFIX RELATIONSHIP TO DECEASED

 INFORMANT'S MAILING ADDRESS (STREET, NUMBER, CITY, COUNTY, & ZIP CODE) COUNTRY (IF NOT IN U.S.)

DISPOSITION: DATE OF FINAL DISPOSITION ____/____/____
METHOD(S) OF DISPOSITION
 BURIAL DONATION/BURIAL REMOVAL/CREMATION REMOVAL/DONATION/CREMATION ENTOMBMENT UNKNOWN
 CREMATION DONATION/CREMATION REMOVAL/DONATION REMOVAL/DONATION/ENTOMBMENT REMOVAL FROM STATE
 DONATION DONATION/ENTOMBMENT REMOVAL/BURIAL REMOVAL/DONATION/BURIAL REMOVAL/ENTOMBMENT
 OTHER (SPECIFY) _____ REMOVAL/OTHER (SPECIFY) _____

 NAME, CITY & STATE OF FIRST DISPOSITION FACILITY OR CREMATORY NAME, CITY & STATE OF SECOND DISPOSITION FACILITY OR CEMETERY

 NAME AND ADDRESS OF FUNERAL HOME NAME OF FUNERAL HOME DIRECTOR LICENSE NUMBER

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION OF THIS WORKSHEET IS TRUE AND CORRECT.

 INFORMANT'S SIGNATURE DATE SIGNED SIGNATURE OF FUNERAL DIRECTOR DATE SIGNED