OREGON DEATH CERTIFICATE WORKSHEET

1. **Decedent’s name** – Legal name, not nicknames

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AKA**
*(only include on death certificate if substantially different than legal name)*

2. **Date of death** _______________ (mon dd yyyy)  
   3. **Sex** □ M □ F □ Unknown

4a-b. **Age** _____ □ years □ months □ days □ hours □ minutes

5. **SSN** _______________

6. **County of death** _______________

7. **Birth date** _______________ (month dd yyyy)  
   8. **Birth place** ________________

9. **Education** – Show informant the education card
   - □ 8th grade or less
   - □ 9th-12th grade; no diploma
   - □ High school graduate or GED completed
   - □ Some college credit, but no degree
   - □ Associate’s degree
   - □ Bachelor’s degree
   - □ Master’s degree
   - □ Doctorate degree
   - □ Refused
   - □ Not Obtainable
   - □ Unknown
   - □ Not classifiable

10. **Hispanic Origin** – Show informant the ethnicity card
    - □ No, Not Hispanic
    - □ Yes- Check all of the following that apply
      - □ Mexican, Mexican-American, Chicano
      - □ Puerto Rican
      - □ Cuban
      - □ Other Spanish/Hispanic/Latino Specify __________________________

11. **Race** – Show informant the race card; check all that apply
    - □ White or Caucasian
    - □ Black or African American
    - □ American Indian or Alaska Native
      Specify principal tribe(s) __________________________
    - □ Asian Indian
    - □ Chinese
    - □ Filipino
    - □ Japanese
    - □ Korean
    - □ Vietnamese
    - □ Other Asian Specify __________________________
    - □ Native Hawaiian
    - □ Guamanian or Chamorro
    - □ Samoan
    - □ Other Pacific Islander Specify __________________________
    - □ Other Specify __________________________

12. **Served in U.S. armed forces?** □ No □ Yes
OREGON DEATH CERTIFICATE WORKSHEET

13-17. Decedent’s residence

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City/town</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>State or Country</td>
</tr>
</tbody>
</table>

18. Inside city limits? □ No □ Yes

19. Marital Status at time of death

□ Married □ Legally Separated □ Oregon Registered Domestic Partnership
□ Widowed □ Divorced
□ Never married □ Unknown

20. Spouse’s name prior to first marriage

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

21. Usual Occupation

22. Business/Industry

23. Father’s name

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

24. Mother’s name prior to first marriage

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

25. Informant’s name

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
</tr>
</thead>
</table>

26. Telephone number

27. Relationship to Decedent

□ Wife □ Husband
□ Mother □ Father
□ Sister □ Brother
□ Daughter □ Son
□ Oregon Registered Domestic Partner
□ Other ________________________

28. Informant’s mailing address □ Same as decedent’s residence address

<table>
<thead>
<tr>
<th>Street or PO Box</th>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

29. Place of Death

□ Hospital Inpatient □ Decedent’s home
□ Hospital ER/Outpatient □ Licensed Nursing Facility
□ Hospital DOA □ Licensed Assisted Living Facility
□ Hospice Facility □ Licensed Residential Care Facility
□ Licensed Adult Foster Home □ Other ________________________

30. Facility name ________________________________________________
31-34. **Location of Death:** □ Same as decedent’s residence address

<table>
<thead>
<tr>
<th>Street Number and Name</th>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

35. **Method of Disposition**
- □ Burial
- □ Cremation
- □ Donation
- □ Other
- □ Donation and cremation
- □ Entombment
- □ Removal from state

36. **Place of Disposition**

37. **Location**

39. **Date of Disposition** ________

(City and State)