



Death Certificate Worksheet

325 NE 3rd Ave Camas WA 98607
(360)834-4563

***Please ensure all spelling is correct, as this will be the spelling used on the death certificate.

Decedent's Legal Name _____
First Middle Last suffix

Date of Death: _____ Date of Birth: _____ Male/Female _____

Place of Death: _____
Street City State Zip Code

County of Death: _____ Social Security number: _____

Decedent's Address: _____
Street City

County State Zip Code How Long lived there?: _____ Inside City Limits(Y/N): _____

Place of Birth: _____

Occupation: _____ Industry: _____
When last worked (Homemaker is considered occupation)

Marital Status (married/divorced/never married/widowed/domestic partner) _____

Spouse's Full Name: _____
First Middle Maiden Last suffix

Father's Name: _____
First Middle Last suffix

Mother's Name: _____
First Middle Maiden Last

Highest Education: _____ High School/GED Some College Associates Bachelor's Master's Doctorate/PhD
1-12th (specify)

Race: _____ Hispanic Origin (Y/N) _____

If yes, we will go over Veteran Benefits with you.

U.S. Veteran (Y/N): _____ Branch: _____ Do you have Discharge Papers (Y/N) _____

Use Next of Kin as informant

Informant: _____
First middle Last Suffix

Informant Address: _____
Street City State Zip Code

Relationship to Deceased: _____ Informant Phone #: _____

Email(s): _____
Emails will be used for contact if preferred, and will be registered with our website to notify you when condolences are posted

The information above is true and accurate to the best of my knowledge:

Sign: _____ Date: _____