



## Death Certificate Worksheet

325 NE 3<sup>rd</sup> 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  
1-12<sup>th</sup> (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: \_\_\_\_\_

Please select what your wishes are:  Cremation  Aqua Cremation  Burial  Green Burial

Do you want Viewing?  Yes  No If Yes:  30-Min ID view  
No embalming required  
 Family member only  Public viewing  
Embalming Required

**For all options**

Would you like to have a :  Rosary vigil  Funeral Service  Memorial Service  
(Check all that apply)  Celebration of Life  Graveside Service  No Services Please

Location of Service if applicable: \_\_\_\_\_

Location of 2<sup>nd</sup> Service if applicable: \_\_\_\_\_

Would you like a register book and folders for your service?  Yes  No

Would you like an obituary?  Yes  No Do you have a picture you want with it?  Yes  No

Which papers: \_\_\_\_\_

Are there any songs you would like played during your services?  Yes  No

Songs: \_\_\_\_\_ By: \_\_\_\_\_  
 \_\_\_\_\_ By: \_\_\_\_\_

Officiant for Service: \_\_\_\_\_ or  I need recommendations

Special Instructions: \_\_\_\_\_

**For Burial or burial of Creains**

Do you have a cemetery in mind?  Yes  No Cemetery: \_\_\_\_\_

Do you already own plot(s)/Niche?  Yes  No Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
If you know the location- We can find out if unsure

**\*\*\*NOTE\*\*\*** Many cemeteries require an outer burial container for casket or urn. We will review this when you come in and go over your options. For urns, there are combination options to cover this requirement.

Do you have a headstone?  Yes  No Would you like us to go over headstone options?  Yes  No

**For Burial or if viewing:** Do you have a preference of casket?  Metal  Wood  Cremation Casket  No Pref.

If metal, is it important it seals?  Yes  No Is it important if outer burial container seals?  Yes  No

Casket/Urn Color: \_\_\_\_\_ Notes \_\_\_\_\_

**For Cremation:** Depending on what is to be done with ashes, there are several urn options available.

I already know what urn I want: \_\_\_\_\_