

OREGON DEATH CERTIFICATE WORKSHEET

1. Decedent's full legal name – Legal name, not nicknames

Prefix	First	Middle	Other Middle
Last name prior to first marriage		Last	Suffix

AKA (full name) _____ (Only include if substantially different than legal name)

2 a-b. Date of death _____ (mm dd yyyy)

- Actual date of death Approximate date of death Court determined date of death
 Presumed date of death Found date of death

3. County of death _____ 4. Sex F M Undetermined Unknown X

5. SSN _____ None Unknown

6. Date of birth _____ (mm dd yyyy) 7 a-b. Age _____ years months days hours minutes

8. Birth place _____
City or Town State Country

9. a-c. Served in U.S. Armed Forces? No Yes Unknown

If cannot determine if the decedent served in the Armed Forces, select unknown. DO NOT leave this blank.

If the decedent served in the U.S. Armed Forces, did the decedent **serve in a Combat Zone?** No Yes.
If "Yes", add the **Location of Combat Zone:** _____

10. Decedent's resident address (If the decedent was homeless at the time of death, list "Domicile Unknown" for the *Street Number, Name, Apt #*. Fill in the other address fields as much as possible.)

Street Number, Name, Apt #		City or Town	
County	State	Country	Zip Code + 4

11. Inside city limits? No Yes Unknown

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12. Marital Status at time of death

- Married Divorced Unknown
 Legal Separation Never married Oregon Registered Domestic Partnership
(Court-appointed status)
 Widowed Other (specify) _____

13. Spouse's name prior to first marriage

First Middle Last (prior to first marriage)

14. Father's name

First Middle Last

15. Mother's name prior to first marriage

First Middle Last (prior to first marriage)

16 a-b. Informant's name _____

First Middle Last Suffix

Informant's Telephone Number _____

17. Relationship to Decedent

- Spouse Parent Registered Domestic Partner Mother
 Father Son Daughter Sister
 Brother Grandfather Grandmother Grandson
 Granddaughter Aunt Uncle Niece
 Nephew Cousin Other (specify) _____

18. Informant's mailing address same as decedent's residence address

Street Number, Name, Apt # or PO Box City/Town State Country Zip Code

19. Method of Disposition
- Alkaline Hydrolysis Natural Organic Reduction
 Burial Removal from state (check this box if disposition occurred outside of Oregon, regardless of method)
 Cremation Other (specify) _____
 Donation and Cremation
 Entombment

20. Date of Disposition _____ (mm dd yyyy)

21. Place of Disposition _____

22. Location _____

City or Town State Country

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23. Name of Funeral Facility _____

Complete address of Funeral Facility _____

24. Date Disposition Permit Printed _____ 25. ID Tag Number _____

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26. Decedent's Occupation _____ **27. Decedent's Industry** _____

28. Decedent's Education – Show informant the education card

- 8th grade or less; none
- 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 or Professional degree
- Unknown

29. Hispanic Origin – (more than one choice can be indicated)

- No, Not Hispanic
- Yes, Mexican
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Hispanic Origin
Specify _____
- Unknown if Hispanic

30. Race –Check one or more races to indicate what the decedent considered himself or herself to be.

- White
- Black or African American
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Guamanian or Chamorro
- Samoan
- American Indian or Alaska Native
(specify tribe(s)) _____
- Vietnamese
- Native Hawaiian
- Unknown
- Other Pacific Islander (specify) _____
- Other Asian (specify) _____
- Other (specify) _____

31 a-b. Time of death _____ **AM** **PM** **Military**

- Actual time of death
- Presumed time of death
- Approximate time of death
- Unknown time of death
- Court determined time of death
- Found time of death

- 32. Place of Death**
- Hospital Inpatient
 - Hospital ER/Outpatient
 - Hospital DOA
 - Decedent's Residence
 - Decedent's Residence – Hospice
 - Hospice Facility
 - Nursing Facility
 - Licensed Assisted Living Facility
 - Licensed Residential Care Facility
 - Licensed Adult Foster Home
 - Other _____

33. Facility name _____

34. Location of Death: Same as decedent's residence address

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Street Number and Name

City or Town

County

State

Country

Zip Code

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Veteran's Status – Location of Combat Zone

The following is a list of combat zones as defined by the U.S. Department of Veterans Affairs. Please list any or all locations from the left column that the decedent served while in the U.S. Armed Forces. You are free to report any locations not named at the bottom of this form.

Location of Combat Zone	Details and Time Period	Check if Served
World War II (or name country below if desired)	European-African-Middle Eastern Campaign, from 12/7/1941 to 11/8/1945	<input type="checkbox"/>
	Asiatic-Pacific Campaign, from 12/7/1941 to 3/2/1946	<input type="checkbox"/>
	American Campaign, from 12/7/1941 to 3/2/1946	<input type="checkbox"/>
	American Merchant Marines, in oceangoing service from 12/7/1941 to 8/15/1946	<input type="checkbox"/>
Korea	From 6/27/1950 to 7/27/1954	<input type="checkbox"/>
Vietnam	From 2/28/1961 to 5/7/1975	<input type="checkbox"/>
Lebanon	From 8/25/1982 to 2/26/1984	<input type="checkbox"/>
Grenada	From 10/23/1983 to 11/21/1983	<input type="checkbox"/>
Panama	From 12/20/1989 to 1/31/1990	<input type="checkbox"/>
Persian Gulf	Beginning 8/2/1990, ongoing	<input type="checkbox"/>
Somalia	Beginning 9/17/1992, ongoing	<input type="checkbox"/>
Bosnia	From 11/21/1995 to 11/1/2007	<input type="checkbox"/>
Yugoslavia (now Bosnia-Herzegovina) & Croatia	Operations Joint Endeavor, Joint Guard, or Joint Forge, aboard U.S. Naval vessels in the Adriatic Sea, or air spaces above these areas, from 12/20/1995 to 12/2/2004	<input type="checkbox"/>
Kosovo	Beginning 3/24/1999, ongoing	<input type="checkbox"/>
	Operations Joint Endeavor, Joint Guard, or Joint Forge, either in its waters or airspace, beginning 3/24/1999, ongoing	<input type="checkbox"/>
Afghanistan (or name below)	Operation Enduring Freedom, spanning multiple countries, beginning 10/7/2001, ongoing	<input type="checkbox"/>
Iraq	Operation Iraqi Freedom, from 3/19/2003 to 2/17/2010	<input type="checkbox"/>
	Operation New Dawn, beginning 02/17/2010, ongoing	<input type="checkbox"/>
Global War on Terrorism (name below)	Military expeditions to combat terrorism, beginning 9/11/2001, ongoing	<input type="checkbox"/>
Name any other locations in this space		<input type="checkbox"/>