

DOH 422-259 July 2024

Demographics Worksheet for Report of Death

Use this worksheet to collect the demographic information needed to register deaths in Washington State.
All fields are legally required – RCW 70.58A.200.

Decedent's Demographic Information

Legal Name of Decedent

First

Middle

Last

Suffix

Decedent Aliases (First, Middle, Last Name)

First AKA

Second AKA

Third AKA

Sex (M/F/X)

Male	Unknown
Female	X (non-binary)

Sex (For social security number validation.)

Male	Unknown
Female	

Date of Death (MM/DD/YYYY)

Actual	Found
Approximate	Presumed
Court-Ordered	Unknown
Estimated	

Time of Death

Actual	Found
Approximate	Presumed
Court-Ordered	Unknown
Estimated	

Date of Birth (MM/DD/YYYY)

Age (Years)

Under 1 Year –	Months	Days
Under 1 Day –	Hours	Minutes

Social Security Number

Place of Death, if death occurred in a hospital:

Place of Death, if death occurred somewhere other than a hospital:

Country, State, County of Death

Facility Name (If not a facility, give street number and name)

Location

City or Town, or Place

State

Zip Code

Hispanic Origin

Yes (check all that apply)	No
Mexican, Mexican American, or Chicana	Unknown
Puerto Rican	Not obtainable
Cuban	Refused
Spaniard	
Salvadoran	
Dominican	
Columbian	
Other, (specify):	

Education Level (Check the box that best describes the highest degree or level of school completed.)

Unknown	Associate degree (AA, AS, etc.)
8th grade or less (specify):	Bachelor’s degree (BA, AB, BS, etc.)
9th – 12th grade; no diploma	Master’s degree (MA, MS, Med, MSW, MBA, etc.)
High School graduate or GED (General Education Diploma)	Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)
Some college credit, but no degree	

Usual Occupation (Indicate type of work done during most of working life – DO NOT USE RETIRED).

Kind of Business/Industry (Do not use Company Name)

Was Decedent ever in U.S. Armed Forces?

Yes	Unknown
No	

Marital Status at Time of Death

Married	Divorced
Separated	Domestic Partner
Widowed	Unknown
Single, Never Married	

Surviving Spouse’s or Domestic Partner’s Name (Given name before first marriage)

First

Middle

Last

Suffix

Father’s/Parent’s Legal Name

First

Middle

Last

Suffix

Mother’s/Parent’s Given Name

First

Middle

Last

Suffix

Prefer parent/parent

Informant’s Information

Name

First

Middle

Last

Relationship to Decedent

Mailing Address

Street Number and Name Unit Number

City or Town

State Zip Code

Final Disposition Information

Method of Disposition

Burial	Natural Organic
Cremation	Reduction
Removal from state	Body not recovered
Donation/Medical	Burial at sea
Research	Other
Entombment	Unknown
Alkaline Hydrolysis	

Place of Final Disposition

Name of cemetery, crematory, or other place

Street Number and Name Unit Number

City or Town

State Zip Code

Date of Disposition (MM/DD/YYYY)

Funeral Facility

Name of facility

Street Number and Name Unit Number

City or Town

State Zip Code

Funeral Director Name