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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 No

apply) Unknown

Mexican, Mexican Not obtainable

American, or Chicana Refused

Puerto Rican

Cuban
Spaniard
Salvadoran
Dominican
Columbian

Other, (specify):

Race (check all that apply):			Did decedent experience homelessness at the time of, or in the month preceding death?	
Whit	e			
Black	or African American	Yes	Unknown	
Ame	rican Indian or Alaska Native (specify):	Probably	ME as funeral home	
Enro	led or principal tribe	No		
Secondary tribe		If Yes or Probably, what type of homelessness experience at time of death? (Please select only one)		
		Living situation u	unknown	
Asiar	ı	Unsheltered (out	Unsheltered (outside/places not meant for human	
Asiar	Indian	habitation)	habitation)	
Chine	ese	Sheltered (short-	Sheltered (short-duration or transitional housing	
Filipino Japanese		Sheltered (long-term or permanent supportive housing)		
				Kore
Vietnamese Other Asian (specify):		If Yes or Probably, what type of homelessness experience within one month preceding death?		
				Primary
Seco	ndary	Unsheltered (out habitation)	Unsheltered (outside/places not meant for human habitation)	
	,	Sheltered (short-	Sheltered (short-duration or transitional housing)	
Pacific Islander Native Hawaiian Guamanian or Chamorro Samoan		Sheltered (long-term or permanent supportive		
		housing)		
		Other not listed		
		Decedent's Residence		
Othe	r Pacific Islander (specify):	Street Number and Na	ame Unit Number	
Primary				
		If not U.S.; Country		
Seco	ndary			
	,	State	County	
Othe	r (specify):			
		If lived on a Tribal Res	If lived on a Tribal Reservation, give name	
Seco	nd Other (specify):			
		City or Town	Zip Code	
Unkr	own			
Not obtainable Refused		Residence inside of	Residence inside city limits?	
		Yes	Unknown	
Digthala	20	No	55	
Birthplace City or County State, Country				
		Estimated length of	Estimated length of time at residence	
		Years:	Months: Unknow	

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

Unknown Associate degree (AA,

8th grade or less AS, etc.)

(specify): Bachelor's degree (BA,

9th – 12th grade; no AB, BS, etc.)

diploma Master's degree (MA,

High School graduate MS, Med, MSW, MBA,

or GED (General etc.)

Education Diploma)

Some college credit,
but no degree

Doctorate (PhD, EdD,
etc.) or professional
degree (MD, DDS,
DVM, LLB, JD, etc.)

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 | Mailing Address

First Street Number and Name Unit Number

Middle City or Town

Last State Zip Code

Relationship to Decedent

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