

OREGON DEATH CERTIFICATE WORKSHEET

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

First Middle Last

AKA

(Only include on death certificate if substantially different than legal name)

2. Date of death _____ (mo dd yyyy)

3. Sex M F Unknown

4a-b. Age _____ years months days hours minutes

5. SSN _____

6. County of death _____

7. Birth date _____ (mo dd yyyy)

8. Birth place _____
Town or city State or Country

9. Education –

- | | |
|--|---|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> 9 th -12 th grade; no diploma | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Doctorate degree |
| <input type="checkbox"/> Refused | <input type="checkbox"/> Not Obtainable |
| <input type="checkbox"/> Not Obtainable | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Not classifiable |

10. Hispanic Origin

- No, Not Hispanic
- Yes- Check all of the following that apply
- Mexican, Mexican-American, Chicano
- Puerto Rican
- Cuban
- Other Spanish/Hispanic/Latino Specify _____

11. Race

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

12. Served in U.S. armed forces? No Yes

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13-17. Decedent's residence

_____			_____
Number and Street			City/town
_____	_____	_____	18. Inside city limits?
County	State or Country	Zip Code + 4	<input type="checkbox"/> No <input type="checkbox"/> Yes

19. Marital Status at time of death

- | | | |
|--|--|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Legally Separated | <input type="checkbox"/> Oregon Registered Domestic Partnership |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced | |
| <input type="checkbox"/> Never married | <input type="checkbox"/> Unknown | |

20. Spouse's name prior to first marriage

_____	_____	_____
First	Middle	Last

21. Usual Occupation _____ 22. Business/Industry _____

23. Father's name

_____	_____	_____
First	Middle	Last

24. Mother's name prior to first marriage

_____	_____	_____
First	Middle	Last

25. Informant's name _____ 26. Telephone number _____

_____	_____
First	Last

27. Relationship to Decedent

- | | |
|---|---|
| <input type="checkbox"/> Wife | <input type="checkbox"/> Husband |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Daughter | <input type="checkbox"/> Son |
| <input type="checkbox"/> Oregon Registered Domestic Partner | |
| <input type="checkbox"/> Other _____ | |

28. Informant's mailing address Same as decedent's residence address

_____	_____	_____	_____
Street or PO Box	City/Town	State	Zip Code

29. Place of Death

- | | |
|---|---|
| <input type="checkbox"/> Hospital Inpatient | <input type="checkbox"/> Decedent's home |
| <input type="checkbox"/> Hospital ER/Outpatient | <input type="checkbox"/> Licensed Nursing Facility |
| <input type="checkbox"/> Hospital DOA | <input type="checkbox"/> Licensed Assisted Living Facility |
| | <input type="checkbox"/> Licensed Residential Care Facility |
| <input type="checkbox"/> Hospice Facility | <input type="checkbox"/> Licensed Adult Foster Home |
| | <input type="checkbox"/> Other _____ |

30. Facility name _____

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31-34. Location of Death: Same as decedent's residence address

Street Number and Name

City/Town

State

Zip Code

35. Method of Disposition Burial Donation and cremation
 Cremation Entombment
 Donation Removal from state
 Other _____

36. Place of Disposition _____

37. Location _____
(City and State)

39. Date of Disposition _____