Cady Cremation Services
Washington State Death Worksheet

Local File Number **State File Number**

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First Middle LAST Suffix

2. Death Date(MM/DD/YYYY)

6. County of Death

3. Sex (M/F)

4a. Age-Last Birthday (Years)

4b. Under 1 Year Months Days

4c. Under 1 Day Hours Minutes

5. Social Security Number

12. Was Decedent ever in U.S. Armed Forces? ☐ Yes ☐ No ☐ Unk

7. Birthdate (MM/DD/YYYY)

8a. Birthplace (City, Town, or County)

8b. (State or Foreign Country)

9. Decedent's Education-(Check the box that best describes the highest degree or level of school completed at the time of death.)

- ☐ 8th grade or less (Specify): _____
- ☐ 9th – 12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree(e.g., AA, AS)
- ☐ Bachelor's degree(e.g., BA, AB, BS)
- ☐ Master's degree(e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate(e.g., PhD EdD) or Professional degree(e.g., MD, DDS, DVM, LLB, JD)

10. Was Decedent of Hispanic Origin? (Check the box that best describes whether the decedent was Spanish/Hispanic/Latino or check the "No" box if decedent was not Spanish/Hispanic/Latino.)

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino

(Specify):_____

11. Decedent's Race (Check one or more races to indicate what the decedent considered himself or herself to be.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe): _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian(Specify):_____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify):_____
- ☐ Other (Specify):_____

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)

13b. City or Town

13c. Residence: County

13d. Tribal Reservation Name (if applicable)

13e. State or Foreign Country

13f. Zip Code + 4

13g. Inside City Limits? ☐ Yes ☐ No ☐ Unk

14. Estimated length of time at residence. (Specify units (e.g., 6 years, 6 month, etc.))

15. Marital Status at Time of Death ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown

16. Surviving Spouse's Name (Give name prior to first marriage)

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

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

Parents' & Informant's Information

19. Father's Name (First, Middle, Last, Suffix)

20. Mother's Name Before First Marriage (First, Middle, Last)

21. Informant's Name

22. Relationship to Decedent

23. Mailing Address: Number&Street or RFD No. City or Town State Zip

Place of Death

24. If Death Occurred in a Hospital: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

If Death Occurred Somewhere Other than a Hospital: ☐ Hospice Facility ☐ Nursing Home/Long Term Care Facility ☐ Decedent's Home ☐ Other (Specify):_____

25. Facility Name (If not a facility, give number & street)

26. City, Town, or Location of Death

26b. State

27. Zip Code

Disposition

28. Method of Disposition ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Body not Recovered ☐ Other(Specify):_____

29. Place of Disposition (Name of cemetery, crematory, other place)

30. Location-City/Town, and State

31. Time of Death (24 Hours)

32. NJA/ME #

33. Doctor's Name

34. Doctor's Phone Number

35. I understand that the information shown above will appear on the death certificate. By signing, I understand that the death certificate will be filed as it appears and that I am financially responsible for any changes I choose to make and any additional copies I may need ordered.

X Signed_____ **Relationship to Deceased**_____ **Date**_____