

Washington State Death Worksheet Electronic Death Registration System (EDRS)

*** Required Information**

* First Name		Middle Name	* Last Name		Suffix
* Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	* County of Death		* Date of Death How Determined <input type="checkbox"/> Actual <input type="checkbox"/> Found	Time of Death How Determined <input type="checkbox"/> Actual <input type="checkbox"/> Found	
* Date of Birth (MM/DD/YYYY) <input type="checkbox"/> Unknown		* Reported Age <input type="checkbox"/> Unknown <input type="radio"/> 1 Year or more _____ Years <input type="radio"/> Less than 1 Year _____ Months _____ Days _____ Hours _____ Minutes			
* Social Security Number <input type="radio"/> Reason Not Available <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Not Obtainable		Any Aliases? First Name		Middle Name	Last Name
* Hispanic Ethnicity <input type="checkbox"/> Unknown <input type="radio"/> Sought, but Unknown, <input type="radio"/> Refused, <input type="radio"/> Not obtainable <input type="radio"/> No Response <input type="radio"/> No, Not Spanish/Hispanic/Latino <input type="radio"/> Yes (Choose all that apply) <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino _____		* Race <input type="checkbox"/> Unknown <input type="radio"/> Sought, but Unknown, <input type="radio"/> Refused, <input type="radio"/> Not obtainable (Choose all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian _____			
* Place of Birth <input type="checkbox"/> Birth Place Unknown		Country	State	County	City
* Place of Residence	Country	Street	Unit	City	State
* Estimate Length of Time at Residence <input type="radio"/> 1 Year or more _____ Years <input type="radio"/> Less than 1 Year _____ Months _____ Days _____ <input type="radio"/> Unknown		* Inside City Limits? <input type="radio"/> No Response <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Reside on Tribal Reservation? <input type="radio"/> No Response <input type="radio"/> Yes _____ <input type="radio"/> No <input type="radio"/> Unknown	
* Education <input type="checkbox"/> 8 th grade or less (Specify) _____ <input type="checkbox"/> 9 th -12 th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		* Usual Occupation (DO NOT enter RETIRED)			
		* Business/Industry (DO NOT use COMPANY NAME)			
* Was Decedent ever in U.S. Armed Forces? <input type="radio"/> No Response <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		* Marital Status at Time of Death <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated Surviving Spouse or Domestic Partner Name (give name prior to first marriage)			
* Parent's Names Father's First Name		Middle Name	Last Name		Suffix
Mother's First Name		Middle Name	Last Name (prior to first marriage)		
* Informant's Name		Relationship to Decedent		Address (Street, City, State, Zip, [Country if not United State])	
* Where did death occur? <input type="radio"/> No Response <input type="radio"/> Hospital _____ Location in Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		<input type="radio"/> Other Facility Name or Location <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent Home <input type="checkbox"/> Other (Specify) _____ _____ City _____ Zip _____			
Funeral Home Handling Case				Was ME/Coroner Informed? <input type="radio"/> Yes <input type="radio"/> No	
* Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Body not Recovered <input type="checkbox"/> Other (Specify)		Date of Disposition <input type="checkbox"/> Unknown Month _____ Day _____ Year (YYYY)		Place of Final Disposition (Name of cemetery, crematory, other place)	
Country		State	City		