



VITAL STATISTICS FORM

To complete the Death Certificate

Tumwater - 455 North St SE, Tumwater, WA 98501
360-753-1065 Fax 360-357-6711
Lacey - 2830 Willamette Dr NE Ste G, Lacey, WA 98516
360-491-2222 Fax 360-491-9210
Centralia - 1126 S Gold St Ste 208, Centralia, WA 98531
360-807-4468 Fax 360-807-4591
E-mail: info@FuneralAlternatives.org
Website: www.FuneralAlternatives.org

Legal Name (Include AKA's if any) \_\_\_\_\_
First Middle Last

Check One [ ] Male [ ] Female Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_
City, County, State, Foreign Country

Level of Education [ ] 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, M Eng, M Ed, MSW, MBA)
[ ] Doctorate (e.g., PhD, Ed D) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

Hispanic Origin or Descent? (If Spanish/Hispanic/Latino Origin/Descent, check the box of best description)
[ ] No, not Spanish/Hispanic/Latino [ ] Yes, Cuban
[ ] Yes, Mexican, Mexican American, Chicano [ ] Yes, other Spanish/Hispanic/Latino
[ ] Yes, Puerto Rican (Specify) \_\_\_\_\_

Race (Check one or more to indicate what you consider the race to be)
[ ] White [ ] Black or African American [ ] American Indian/Alaska Native (Tribe) \_\_\_\_\_
[ ] Asian Indian [ ] Chinese [ ] Filipino [ ] Japanese [ ] Korean [ ] Vietnamese [ ] Other Asian \_\_\_\_\_
[ ] Native Hawaiian [ ] Guamanian or Chamorro [ ] Samoan [ ] Other Pacific Islander (specify) \_\_\_\_\_
[ ] Other (specify): \_\_\_\_\_

Served in U.S. Armed Forces? [ ] Yes [ ] No If Yes, provide copy of DD214 (Discharge papers)

Usual Occupation \_\_\_\_\_ Kind of Business or Industry \_\_\_\_\_
(Indicate type of work done during most of working life, DO NOT USE RETIRED)

Residence Number and Street \_\_\_\_\_

City or Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tribal Reservation Name (if applicable) \_\_\_\_\_

Inside City Limits [ ] Yes [ ] No [ ] Unknown Estimated time at residence \_\_\_\_\_

Marital Status [ ] Married [ ] Married-but separated [ ] Widowed [ ] Divorced [ ] Never married
[ ] State Registered Domestic Partner [ ] Unknown

Surviving Spouse name \_\_\_\_\_
Give name prior to first marriage

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_
(of deceased) First, Middle, Last, Suffix (of deceased) First, Middle, Last name before first marriage

Informant's Name \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

Mailing Address \_\_\_\_\_
Number and Street or Post Office Box, City or Town, State, Zip Code

Phone number(s) \_\_\_\_\_ Email Address \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_