

# VITAL STATISTICS FORM

(Required to complete the Washington State Death Certificate)

Legal Name: \_\_\_\_\_  
First, Middle, Last

AKA's (if known): \_\_\_\_\_

Male

Female

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

City, County, State/Foreign Country

Level of Education

8<sup>th</sup> grade or less (specify) \_\_\_\_\_

9<sup>th</sup> – 12<sup>th</sup> grade; no diploma

High school graduate of GED

Some College credit, no degree

Associate degree (AA, AS)

Bachelor's Degree (BA, AB, BS)

Master's degree (MA, MS M Eng, M Ed, MSW, MBA)

Doctorate (PhD, Ed D, MD, DDS, DVM, LLB, JD)

Usual Occupation \_\_\_\_\_ Business/Industry \_\_\_\_\_  
DO NOT USE RETIRED

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/African American

Native American/Alaskan (Tribe): \_\_\_\_\_

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian: \_\_\_\_\_

Native Hawaiian

Guamanian or Chamorro

Samoa

Other Pacific Islander (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

Served in US Armed Forces? Yes No If yes, please provide copy of DD214 (Discharge papers)

Residence Number and Street: \_\_\_\_\_ Apt/Rm # \_\_\_\_\_

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

Tribal Reservation Name (If Residing On): \_\_\_\_\_

Inside City Limits Yes No Unknown At This Residence Since: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
First, Middle, Last

Mother's Maiden Name: \_\_\_\_\_  
First, Middle, Last

Marital Status Married Married But Separated Widowed Divorced Never Married  
State Registered Domestic Partner Unknown

Surviving Spouse's Birth Name: \_\_\_\_\_  
First, Middle, Last

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

Next of Kin's/Informant's Name: \_\_\_\_\_  
First, Middle, Last

Relationship to Above-Named: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_