The Co-op Funeral Home of People's Memorial

Information Worksheet for Washington State Certificate of Death

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date(MM/DD/YYYY)	
				6. County of Death	
			L		
3. Sex (M/F) 4a. Age-Last Birthday (Years) 4b. Under 1 Year Months		4c. Under 1 Day 5. Social Security Number Hours Minutes			
	ate (MM/DD/YYYY)	8a. I	Birthplace (City, Town, or Coun	ty) 8b. (State or Foreign Country)	
				ICE (Check one or more races to indicate what	
 9. Decedent's Education-(Check the box that best describes the highest degree or level of school completed at the time of death.) 10. Was Decedent of Hispan (Check the box that best de decedent was Spanish/Hispan "No" box if decedent was not bo		cribes whether the the decedent considered himself or herself to be.) nic/Latino or check the White Spanish/Hispanic/Latino.) Black or African American American Indian or Alaska Native (Name of the enrolled or principal tribe): //Latino Asian Indian			
 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, M Doctorate(e.g., PhD EdD) or Professional degree(MD, DDS, DVM, LLB, JD) 	□ Yes, Puerto Rican BA) □ Yes, Cuban e.g.,	Yes, Cuban Yes, Cuban Yes, other Spanish/Hispanic/Latino (Specify): Other Pacific L: (Specify): Other Pa		an r Chamorro	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)			(Specify): 13b. City c	or Town	
	ribal Reservation Name (if applicable)	13e. State or Foreign Country 13f. Zip Code + 4			
	stimated length of time at residence. Specify units (e.g., 6 years, 6 month, etc.))		at Time of Death	_	
O Yes No Unk		Married Married, but separated Widowed Divorced Never Married Unknown			
6. Surviving Spouse's Name (Give name prior to first marriage)					
8 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' & Information					
19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last)			/liddle, Last)		
21. Informant's Name			22. Relationship to Decedent		
23. Mailing Address: Number &Street or RFD No. C			S	itate Zip	
Place of Death					
24. If Death Occurred in a Hospital: ☐ Inpatient		If Death Occurred Somewhere Other than a Hospital: Hospice Facility Decedent's Home (Specify):			
25. Facility Name (If not a facility, give number & street)	26. City, To	wn, or Location of Death	26b. State 27. Zip Code		
Disposition					
28. Method of Disposition 29. Place of Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State Burial Cremation Removal from State 9. Place of Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State Other(Specify): 9. Place of Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State 31. Name and Complete Address of Funeral Facility 32. Date of Disposition (MM/DD/YYYY)					
The Co-op Funeral Home of People's Memorial, 1801 12 th Avenue, Suite A, Seattle, WA 98122					
33. Informant's Signature X					