

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			Suffix
* 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 _____				<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander _____ <input type="checkbox"/> Other _____				
* Place of Birth <input type="checkbox"/> Birth Place Unknown		Country			State	County			City			
* Place of Residence	Country		Street				Unit	City		State	Zip	County
* 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						