



VITAL STATISTIC SHEET

360-753-1065 OR 888-753-1065 Fax: 360-357-6711
455 North St. SE Tumwater WA 98501

This information will be necessary to complete a death certificate

Legal Name (Incl AKA'S if any) First Middle Last

Circle One Male Female Social Security Number - -

Birthdate Birthplace (City, State, or Foreign Country)

- Level Of Education: 8th grade or less, High school graduate, Associate degree, Master's degree, Doctorate, 9th - 12th grade, Some college credit, Bachelor's degree

Hispanic Origin or Descent? (Check the box that best describes you, if you are of Spanish/Hispanic/Latino Origin/Descent)
No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino

Race (Check one or more races to indicate what you consider yourself to be)
White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Guamanian or Chamorro Somoan Other Pacific Islander Other

Served In Armed Forces? (circle) Y N IF YES - PROVIDE COPY OF DD214 (Discharge Papers)

Residence Number and Street City or Town County

Tribal Reservation Name (if applicable)

State or Foreign Country Zip Code +4

Inside City Limits? Yes No Unknown Estimated length of time at residence

Marital Status Married Married-but separated Widowed Divorced Never Married Unknown Domestic Partner

Surviving Spouse (Give name prior to first marriage)

Usual Occupation (Indicate type of work done during most of working life) (DO NOT USE RETIRED)

Kind of Business/Industry

Father's Name (First, Middle, Last, Suffix)

Mother's Name Before First Marriage (First, Middle, Last, Suffix)

Primary Care Physician Phone #

Name of Next of Kin or Person Making Arrangements Name Relationship

Telephone # Home Work Cell

Mailing Address Number and Street or PO Box City or Town State Zip Code

Email address: