

**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		* County of Death:		* Date of Death:		Time of Death:	
* Date of Birth: (MM/DD/YYYY) <input type="checkbox"/> Unknown		* Reported Age: <input type="checkbox"/> Unknown <input type="checkbox"/> 1 Year or more _____ Years <input type="checkbox"/> Less than 1 Year _____ Months _____ Days _____ Hours _____ Minutes					
* Social Security Number: <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Not Obtainable		Any Aliases?		First Name	Middle Name	Last Name	Suffix
* Hispanic Ethnicity: <input type="checkbox"/> No, Not Spanish / Hispanic / Latino <input type="checkbox"/> 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: (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: Country		State		County		City	
* Place of Residence: Country		Street		Unit	City	State	Zip
* Estimate Length of Time at Residence: <input type="checkbox"/> 1 Year or more _____ Years <input type="checkbox"/> Less than 1 Year Months _____ Days _____ <input type="checkbox"/> Unknown		* Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Reside on Tribal Reservation? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown			
* Education: <input type="checkbox"/> 8th grade or less (Specify) _____ <input type="checkbox"/> 9th - 12th 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, LLV, JD)		* Usual Occupation: (Do Not enter RETIRED)					
		* Business / Industry: (Do Not use COMPANY NAME)					
* Was Decedent ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 States])			
Next of Kin email address:							