

ATTENTION

Important Information-----Please Read

Reading and following these simple directions will allow your paperwork to be completed easily and quickly without delays.

Arizona State regulations requires that all Death Certificates must be completed prior to disposition (cremation or burial). **SOCIAL SECURITY NUMBER for the deceased is requested on the Death Registration Sheet.** (This information is for the Certified Death Certificate.) This is for your convenience when handling the estate. Other pertinent information the family may want to included on the Death Certificate would include the deceased's parent's names (including the deceased's mother's maiden name), birth city, county and state, decedents address and zip code. Information not provided at the time of arrangements or completion of Death Certificate will require additional fees to be paid to the state or county agencies *if* information is added or changed at a later date. The state requires documentation for additions or changes. (Certified marriage license, birth certificate, social security card, etc. Copies will not be acceptable)

We realize this form is very detailed. This is a government required form. **EVERY BOX MUST BE COMPLETED EXCEPT** for box numbers **9, 20, 21, 22, 23 28b.** (HRRF, Place of disposition, Name of Funeral Home and their information, type and place of death), we will enter this information for you. If you do not want to provide all of the requested information you can enter ***unknown, refused or not applicable*** (N/A). If all other boxes are not completed it will delay the DISPOSITION AND THE DEATH CERTIFICATE.

Please note all first and last names are required where requested. Middle names are optional but you must place N/A, refused or unknown in the box if you choose not to provide the name.

Below are some helpful hints for filling out the numbered boxes as indicated. Remember decedent is the deceased and the informant is the person filling out the worksheet.

1D. Suffix is either Jr, Sr, etc

10 A, B, C, D, E. This must be a physical address, not a PO Box.

15 A, B, C, D, E If the deceased is not married at the time of their death, place N/A in the boxes referring to the spouse.

18 E, F, G, H Personal information of the informant. Remember you can enter refused except for your address.

(18 I.) Your signature verifies you are ready for the registration of the death certificate as submitted. Please sign. The date must be after the deceased has passed. We will fill in disposition information. Electronic Signatures are NOT acceptable.

24 A, B. An occupation and industry are requested. Retired, Disabled or Unemployed are not acceptable. If the person never worked you can put never worked or homemaker.

ARIZONA DEPARTMENT OF HEALTH SERVICES BUREAU OF VITAL RECORDS DEATH REGISTRATION WORKSHEET

This form is for the collection of the data needed to complete the Arizona Certificate of Death. ***This is not a death certificate.***

Arizona Revised Statute §36-342. Disclosure of information; prohibition

- A. The state registrar may provide information contained in vital records to persons, including federal, state, local and other agencies, as required by law and for statistical or research purposes. B. Except as authorized by law, a local registrar, a deputy local registrar or the state registrar or their employees shall not:
1. Permit inspection of a vital record or evidentiary document supporting the vital record.
 2. Disclose information contained in a vital record.
 3. Transcribe or issue a copy of all or part of a vital record.

1A. DECEDENT'S LEGAL FIRST NAME				1B. DECEDENT'S LEGAL MIDDLE NAME			
1C. DECEDENT'S LEGAL LAST NAME				1D. SUFFIX (Jr, II, etc)			
1E. AKA'S IF ANY							
2. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Yet Determined		3. U.S. SOCIAL SECURITY NUMBER <input type="checkbox"/> None <input type="checkbox"/> Unknown		4. DATE OF DEATH (mm/dd/yyyy)		5A. DATE OF BIRTH (mm/dd/yyyy)	
5B. AGE IN Years _____ Months _____ Days _____ Hours _____ Minutes _____		6A. DECEDENT'S BIRTH CITY OR TOWN		6B. DECEDENT'S BIRTH COUNTY		6C. DECEDENT'S BIRTH STATE	
6D. DECEDENT'S BIRTH COUNTRY							
7. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		8. DECEDENT'S NAME PRIOR TO FIRST MARRIAGE				9. HRRF (Human Remains Release Form) <input type="checkbox"/> Yes <input type="checkbox"/> No	
10A. DECEDENT'S RESIDENCE STREET ADDRESS		10B. ZIP CODE		10C. RESIDENCE CITY		10D. RESIDENCE COUNTY	
10E. RESIDENCE STATE							
10F. RESIDENCE COUNTRY		11. IN CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		12. HOW LONG IN THE STATE OF ARIZONA? <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Minutes <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> In Transit <input type="checkbox"/> Unknown		13. RESIDED IN AZ. TRIBAL COMMUNITY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of Arizona Tribal Community on the line above	
14. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown		15A. FIRST NAME OF SURVIVING SPOUSE		15B. MIDDLE NAME OF SURVIVING SPOUSE		15C. LAST NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE	
15D. SUFFIX		15E. LAST NAME OF SURVIVING SPOUSE					
16A. FATHER'S FIRST NAME		16B. FATHER'S MIDDLE NAME		16C. FATHER'S LAST NAME		16D. SUFFIX (Jr, II, etc)	
17A. MOTHER'S FIRST NAME		17B. MOTHER'S MIDDLE NAME		17C. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE		17D. SUFFIX (Jr, II, etc)	
18A. INFORMANT'S FIRST NAME		18B. INFORMANT MIDDLE NAME		18C. INFORMANT LAST NAME		18D. SUFFIX (Jr, II, etc)	

18E. RELATIONSHIP TO DECEDENT		18F. INFORMANT'S EMAIL ADDRESS		18G. INFORMANT'S PHONE NUMBER	
18H. INFORMANT'S MAILING ADDRESS				18I. I ATTEST THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE, TRUE AND VALID TO THE BEST OF MY KNOWLEDGE.	
19A. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation/Burial <input type="checkbox"/> Donation/Cremation <input type="checkbox"/> Donation/Entombment Removal: <input type="checkbox"/> From State <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation/Burial <input type="checkbox"/> Donation/Cremation <input type="checkbox"/> Donation/Entombment <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____				<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;">Informant's Signature</div> <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;">Date Signed</div> 19B. DATE OF DISPOSITION	
20A. PLACE OF DISPOSITION - NAME OF FIRST DISPOSITION FACILITY		20B. PLACE OF DISPOSITION - NAME OF SECOND DISPOSITION FACILITY			
21A. NAME OF FUNERAL DIRECTOR (first, middle, last, suffix)		21B. LICENSE NUMBER		21C. NAME OF FUNERAL HOME ANGELS CREMATION AND BURIAL	
22. ADDRESS OF FUNERAL HOME OR OTHER RESPONSIBLE PARTY 422 W Mclellan RD		23. OTHER RESPONSIBLE PARTY RELATIONSHIP NONE			
24A. DECEDENT'S OCCUPATION		25. EDUCATION (SELECT ONE) <input type="checkbox"/> 8th grade or less, none <input type="checkbox"/> 9th through 12th grade, no diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college credit, but not a 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, JB) <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Not Classifiable			
26. DECEDENT'S HISPANIC ORIGIN (Check the boxes that best corresponds with the decedent's ethnic identity as given by the informant) <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino _____					
27. DECEDENT'S RACE (Select all that Apply) <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify) _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> White <input type="checkbox"/> Black, African American <input type="checkbox"/> American Indian/ Alaska Native (Specify) _____ Enrolled Tribe _____ Secondary Tribe _____ <input type="checkbox"/> Asian Indian </div> <div style="width: 45%;"> <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 (Specify) _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown </div> </div>					
28A. TYPE OF PLACE OF DEATH <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Emergency <input type="checkbox"/> Inpatient <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/Long Term Care <input type="checkbox"/> Other, Specify _____				28B. PLACE OF DEATH FACILITY NAME	