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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 ☐ Female ☐ Male ☐ Not Yet Determined		3. U.S. SOCIAL SECURITY NUMBER ☐ None ☐ 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? ☐ Yes ☐ No ☐ Unknown		8. DECEDENT'S NAME PRIOR TO FIRST MARRIAGE				9. HRRF (Human Remains Release Form) ☐ Yes ☐ 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 ☐ Yes ☐ No ☐ Unknown		12. HOW LONG IN THE STATE OF ARIZONA? ____ ☐ Days ☐ Hours ☐ Minutes ☐ Years ☐ Months ☐ Weeks ☐ In Transit ☐ Unknown		13. RESIDED IN AZ. TRIBAL COMMUNITY? ☐ Yes ☐ No ☐ Unknown	
If yes, list name of Arizona Tribal Community on the line above							
14. MARITAL STATUS ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Married but Separated ☐ Not Obtainable ☐ Unknown ☐ Never Married, Single							
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. Informant's Signature Date Signed
19A. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Donation/Burial ☐ Donation/Cremation ☐ Donation/Entombment Removal: ☐ From State ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Donation/Burial ☐ Donation/Cremation ☐ Donation/Entombment ☐ Unknown ☐ Other (Specify) _____		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
22. ADDRESS OF FUNERAL HOME OR OTHER RESPONSIBLE PARTY		23. OTHER RESPONSIBLE PARTY RELATIONSHIP
24A. DECEDENT'S OCCUPATION	25. EDUCATION (SELECT ONE) ☐ 8th grade or less; none ☐ 9th through 12th grade, no diploma ☐ High School graduate or GED completed ☐ Some college credit, but not a 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, MBA) ☐ Doctorate (e.g.: PhD, EdD, or Professional Degree e.g.: MD, DDS, DVM, LLB, JB) ☐ Unknown ☐ Refused ☐ Not Obtainable ☐ Not Classifiable	
24B. DECEDENT'S INDUSTRY	26. DECEDENT'S HISPANIC ORIGIN (Check the boxes that best corresponds with the decedent's ethnic identity as given by the informant) ☐ No, Not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, Other Spanish/Hispanic/Latino ☐ Not Obtainable ☐ Unknown ☐ Refused ☐ Other (Specify) _____	
27. DECEDENT'S RACE (Select all that Apply) ☐ White ☐ Black, African American ☐ American Indian/ Alaska Native (Specify) Enrolled Tribe _____ Secondary Tribe _____ ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (Specify) _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____ ☐ Other (Specify) _____ ☐ Refused ☐ Not Obtainable ☐ Unknown		
28A. TYPE OF PLACE OF DEATH ☐ Dead on Arrival ☐ Emergency ☐ ER/Outpatient ☐ Inpatient ☐ Not Classifiable ☐ Decedent's Residence ☐ Hospice ☐ Nursing Home/Long Term Care ☐ Other; Specify _____		28B. PLACE OF DEATH FACILITY NAME

28C. PLACE OF DEATH FACILITY ADDRESS		28D. SPECIFY OTHER INSTITUTION OR ADDRESS WHERE DEATH OCCURRED	
29A. CERTIFIER TYPE ☐ Physician ☐ Medical Examiner ☐ Nurse Practitioner ☐ Physician's Assistant ☐ Tribal Authority ☐ Unknown, Not Classified			
29B. CERTIFIER'S LICENSE NUMBER		29C. CERTIFIER'S NAME (first, middle, last, suffix)	
29D. CERTIFIER'S TITLE ☐ Doctor of Medicine ☐ Doctor of Osteopathy ☐ C.N.M./C.M ☐ Physician Assistant (PA) ☐ Tribal Law Enforcement ☐ Naturopathic Physician ☐ Nurse Midwife ☐ Medical Doctor Intern/Resident ☐ APRN ☐ Other (Specify) _____			
29E. CERTIFIER'S ADDRESS			29F. CERTIFIER'S ZIP CODE
29G. CERTIFIER'S CITY, TOWN, OR LOCATION		29H. CERTIFIER'S STATE	29I. CERTIFIER'S COUNTRY
30A. NAME OF ALTERNATE CERTIFIER		30B. TELEPHONE NUMBER	30C. FAX NUMBER
30D. EMAIL ADDRESS		31. FUNERAL DIRECTOR'S SIGNATURE - I ATTEST THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE, TRUE AND VALID TO THE BEST OF MY KNOWLEDGE.	
		Signature _____ Date Signed _____	