Please only complete white sections of #'s 1 and 3-23.

Local File Number

Oregon Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name *(Include AKA's, if any)* First Middle LAST Suffix				2. Death Date Time of Death am/pm	Confirmed w/_____ Date _____ Time _____am/pm Actual ❑ Found ❑ Other:
3. Sex ❑M ❑F	4a. Age at Last Birthday	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death
7. Birthdate	8a. Birthplace: City, Town, or County		8b. Birthplace: State or Foreign Country		9. Decedent's Education
10. Was Decedent of Hispanic Origin? ❑No ❑If Yes, specify:		11. Decedent's Race(s)			12. Was Decedent ever in U.S. Armed Forces? ❑No ❑Yes, branch:
13a. Residence: Number, Street, and Apt. No. *(e.g. 624 SE 5th Street, Apt. 29)*					13b. Residence: City or Town
13c. Residence: County	13d. Residence: Tribal Reservation? Name:	13e. Residence: State or Foreign Country		13f. Residence Zip Code + 4	13g. Inside city limits? ❑Yes ❑No ❑Unk
14. Estimated length of time at residence	15. Marital Status at Time of Death	16. Name of Surviving Spouse/Domestic Partner *(Give name prior to first marriage)*			
17. Usual Occupation (*Indicate type of work done during most of working life. DO NOT USE 'RETIRED'*)				18. Kind of Business/Industry *(Do not use Company Name)*	
19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name Before First Marriage (First, Middle, Last)			
21. Informant's Name			22. Informant's Relation to Decedent		
23. Informant Full Mailing Address		Phone Number		Email Address	
24. Place of death:	Did death occur in a hospital? ❑Yes ❑No Hospital Name:		Did death occur somewhere other than hospital? ❑Yes ❑No ❑Residence ❑Other - description:		
25. Place of death: Facility Name		26a. City, Town, or Location of Death		26b. State	27. Zip Code
28. Method of Disposition ❑Burial ❑Cremation ❑	29. Place of Final Disposition *(Name of cemetery, crematory, other)*		30. Location - City/Town and State		
31. Name and Complete Address of Funeral Facility					32. Date of Disposition
33. **Funeral Director Signature** *X*	Date		Hamilton-Mylan Funeral Home, Inc. | (360) 694-2537 302 W. 11th Street, Vancouver, Washington 98660		*11/24/2024*