

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

Local File Number

Washington State Certificate of Death

State File Number

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

Date



Hamilton-Mylan Funeral Home, Inc. | (360) 694-2537
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11/24/2024

Part 1 completed by Funeral Director