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

24B. DECEDENT'S INDUSTRY

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

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	28B. PLACE OF DEATH FACILITY NAME
☐ Dead on Arrival ☐ Emergency ☐ ER/Outpatient ☐ Inpatient ☐ Not Classifiable ☐ Decedent's Residence ☐ Hospice ☐ Nursing Home/Long Term Care ☐ Other; Specify _____	

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