Arizona Department of Health Services
Office 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.

Personal Information:

Legal First Name ______ Legal Middle Name ______ Legal Last Name ______ Suffix ______

AKA's if any ______

Gender: (Circle one) M F Unknown

Date of Birth: __/__/__ Date of Death: __/__/__ ☐Actual ☐Found

Age in: ______ Years or ______ Months or ______ Days or ______ Hours or ______ Minutes

U.S. Social Security Number ___-__-____ ☐None ☐Unknown

Place of Death:

City, Town, or Location ______ County ______ Zip Code ______

Place of Death: ☐Dead on Arrival, ☐Decedent's Residence, ☐ER/Outpatient, ☐Hospice Facility, ☐Inpatient,

☐Nursing Home/Long Term Care, ☐Other (Specify)______

Place of Death Facility ______

Specify Other Institution or Specify Street and Number ______

Marital Status: ☐Divorced, ☐Married, ☐Married but Separated, ☐Never Married, ☐Not Obtainable, ☐Unknown, ☐Widowed

First Name of Surviving Spouse ______ Middle Name of Surviving Spouse ______ Last Name of Surviving Spouse ______ Suffix ______

Last Name of Surviving Spouse Prior to First Marriage ______

Education (Select one):

☐8th grade or less
☐9th through 12th grade, no diploma
☐High school graduate or GED completed
☐Some college credit, but no degree
☐Associate degree (e.g.: AA, AS)
☐Bachelor's degree (e.g.: BA, BS)
☐Master's degree (e.g.: MA, MS, MEng, MEd, MSW, MBA)
☐Doctorate (e.g.: PhD, EdD, or Professional Degree e.g.: MD, DO)
☐Refused
☐Not Obtainable
☐Unknown
☐Not Classifiable

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Decedent's Race (Select all that apply):	**Decedent's Hispanic Origin: Check the box that best corresponds with the decedent's ethnic identity as given by the informant.**
☐White ☐Black or African-American ☐American Indian or Alaska Native: Primary or Enrolled Tribe: ____________ Second Tribe (Optional): ____________ Additional Tribe: ____________ Additional Tribe: ____________ ☐Asian Indian ☐Chinese ☐Filipino ☐Japanese ☐Korean ☐Vietnamese ☐Other Asian (Specify) ____________ ☐Native Hawaiian ☐Guamanian or Chamorro ☐Samoan ☐Other Pacific Islander (Specify) ____________ ☐Other (Specify) ____________ ☐Unknown ☐Refused ☐Not Obtainable	☐Not Spanish, Hispanic or Latino ☐Mexican, Mexican American or Chicano ☐Puerto Rican ☐Cuban ☐Other (Specify) ____________ ☐Unknown ☐Refused ☐Not Obtainable

Birth Information:

Birth Country ____ Birth State ____ Birth County ____ Birth City ____

Decedent's Residence Address:

Decedent's Street Address ____ Unit # ____ City ____ State ____ Zip Code ____

Residence County ____ Residence Country ____ (Days, Years, etc.) How Long in Arizona ____

☐Yes ☐No ☐Unknown In City Limits ☐Yes ☐No ☐Unk On Arizona Reservation If yes, name of Arizona Reservation ____

Decedent's Occupation ____ Decedent's Industry ____ ☐Yes ☐No ☐Unknown U.S. Armed Forces

Father's First Name ____ Middle Name ____ Last Name ____ Suffix ____

Mother's First Name ____ Middle Name ____ Mother's Last Name Prior to First Marriage ____

Informant:

First Name ____ Middle Name ____ Last Name ____ Suffix ____

Relationship to Deceased ____

Informant's Mailing Address (including county) ____ Zip Code ____

To the best of my knowledge, the above information on pages 1 and 2 of this worksheet is true and correct.

Informant's Signature ____ Date Signed ____

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Disposition:

_____/_____/_____
Date of Final Disposition

Method(s) of Disposition

- ☐ Burial
- ☐ Cremation
- ☐ Donation
- ☐ Donation/Burial
- ☐ Donation/Cremation
- ☐ Donation/Entombment
- ☐ Entombment
- ☐ Removal From State
- ☐ Removal/Burial
- ☐ Removal/Cremation
- ☐ Removal/Donation
- ☐ Removal/Donation/Burial
- ☐ Removal/Donation/Cremation
- ☐ Removal/Donation/Entombment
- ☐ Removal/Entombment
- ☐ Removal/Other (Specify Other)____________________
- ☐ Unknown
- ☐ Other (Specify):____________________

____
Name, City & State of First Disposition Facility or Crematory

____
Name, City & State of Second Disposition Facility or Cemetery

____
Name and Address of Funeral Home

Funeral Director: ______________________________ ________________
Name License Number

______________________________ ________________
Signature of Funeral Director Date Signed

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_____ / _____ / _____ Date of Death   Actual or Found (Circle one)

__________ ☐AM ☐PM ☐Military Time of Death   Actual or Found (Circle one)

Cause of Death Information: Was M.E. Contacted? ☐ Yes ☐ No

Part 1A ______________________________ Immediate Cause of Death   __________ Duration

Part 1B ______________________________ Due to or as a Consequence of   __________ Duration

Part 1C ______________________________ Due to or as a Consequence of   __________ Duration

Part 1D ______________________________ Due to or as a Consequence of   __________ Duration

Part 2 ______________________________

____

Was an autopsy performed? ☐ Yes ☐ No.   Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No.

Did tobacco use contribute to death?

☐ Yes
☐ No
☐ Probably
☐ Unknown

If the decedent was female between the ages of 5 and 75, select one of the following:

☐ Not pregnant but pregnant 43 days to one year before death
☐ Not pregnant but pregnant within 42 days of death
☐ Not pregnant within past year
☐ Pregnant at time of death
☐ Unknown if pregnant within past year

MEDICAL EXAMINER ONLY

Did death involve an injury of any kind? ☐Yes ☐No ☐Unknown. If yes, complete the following:

Date of injury: _____ / _____ / _____ ☐ Actual, ☐ Could not be Determined

Time of injury: __________ ☐AM ☐PM ☐ Actual, ☐ Could not be Determined

Did injury occur at work? ☐ Yes, ☐No, ☐ Unknown

____
Address of place of injury (Street address, city, county, state, country & Zip)

Describe how injury occurred: ______________________________

____

Place of Injury:

☐ Farm
☐ Home
☐ Industrial or Construction Area
☐ Residential Institution
☐ School, Other Institution & Public Administrative Area
☐ Sports & Athletics Area
☐ Street & Highway
☐ Trade & Service Area
☐ Unknown
☐ Other (Specify) __________

If traffic accident, the decedent was:

☐ Driver/Operator
☐ Not Applicable
☐ Passenger
☐ Pedestrian
☐ Other __________
☐ Unknown

Manner of Death:

☐ Accident
☐ Homicide
☐ Natural Death
☐ Pending Investigation
☐ Suicide
☐ Undetermined

☐ **Certifying Physician or Nurse Practitioner** –To the best of my knowledge, death occurred due to the cause(s) and manner stated.

☐ **Medical Examiner, Tribal Investigator -** On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

____
Signature and Date

____
Print Name