



**Serving Northwest Washington, King County, South Sound,
Lower Columbia and Central Washington**

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VITAL STATISTICS WORKSHEET

The information below is legally required for the completion of the death certificate and other legal forms and is kept strictly confidential. It is important that the information you provide be accurate. We cannot perform the cremation without filing the death certificate.

1. FIRST NAME OF DECEDENT		2. MIDDLE NAME		3. LAST NAME		4. SUFFIX			
5. DEATH DATE		6. SEX		7. AGE		8. SOCIAL SECURITY NUMBER		8. COUNTY OF DEATH	
9. BIRTH DATE		10. BIRTHPLACE		11. DECEDENT'S EDUCATION—HIGHEST LEVEL/DEGREE					
12. WAS DECEDENT OF HISPANIC ORIGIN?		13. DECEDENT RACE				14. EVER IN ARMED FORCES?			
15. RESIDENCE ADDRESS (street and number, city or town, state, zip code)									
16. RESIDENCE COUNTY		17. INSIDE CITY LIMITS?		18. ESTIMATED TIME AT RESIDENCE			19. MARITAL STATUS AT DEATH		
20. FIRST NAME OF SURVIVING SPOUSE			21. MIDDLE NAME			22. LAST NAME (maiden name)			
23. USUAL OCCUPATION					24. KIND OF BUSINESS OR INDUSTRY				
25. FIRST NAME OF FATHER			26. MIDDLE NAME			27. LAST NAME			
28. FIRST NAME OF MOTHER			29. MIDDLE NAME			30. LAST NAME (maiden name)			
31. INFORMANT'S NAME					32. RELATIONSHIP TO DECEDENT				
33. INFORMANT ADDRESS (street and number, city or town, state, zip code)									
34. PLACE OF FINAL DISPOSITION (where are the ashes going)									
35. NAME OF PHYSICIAN				36. PHYSICIAN COUNTY/CITY			37. PHYSICIAN PHONE		

I have read the above information, and state that it is true and correct, and release Cremation Society of Washington from any charges that may occur while amending the death certificate due to the information I have provided.

SIGNATURE: _____

DATE: _____