

OREGON DEATH CERTIFICATE WORKSHEET FOR FUNERAL HOMES

12. Inside city limits? No Yes Unknown

13. Marital Status at time of death

- Married
- Divorced
- Oregon Registered Domestic Partnership
- Legal Separation (Court-appointed status)
- Never married
- Unknown
- Widowed

14. Spouse's name prior to first marriage

First
Middle
Last (prior to first marriage)

15. Father's name

First
Middle
Last

16. Mother's name prior to first marriage

First
Middle
Last (prior to first marriage)

17 a-b. Informant's name _____

First
Middle
Last
Suffix

Informant's Telephone Number _____

18. Relationship to Decedent

- Spouse
- Parent
- Registered Domestic Partner
- Mother
- Father
- Son
- Daughter
- Sister
- Brother
- Grandfather
- Grandmother
- Grandson
- Granddaughter
- Aunt
- Uncle
- Niece
- Nephew
- Cousin
- Other (specify) _____

19. Informant's mailing address same as decedent's residence address

Street Number, Name, Apt # or PO Box
City/Town
State
Country
Zip Code

20. Method of Disposition

- Burial
- Donation and cremation
- Cremation
- Entombment
- Dissolution
- Removal from state (check this box if disposition occurred outside of Oregon, regardless of method)
- Other (specify) _____

21. Date of Disposition _____

22. Place of Disposition _____

23. Location _____

City or Town
State
Country

OREGON DEATH CERTIFICATE WORKSHEET FOR FUNERAL HOMES

24. Name of Funeral Facility _____

Complete address of Funeral Facility _____

25. Date Disposition Permit Printed _____ 26. ID Tag Number _____

27. Decedent's Occupation _____ 28. Decedent's Industry _____

29. Decedent's Education – Show informant the education card

- 8th grade or less; none
- 9th-12th grade; no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Unknown
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate or Professional degree

30. Hispanic Origin – Show informant the ethnicity card (more than one choice can be indicated)

- No, Not Hispanic
- Yes, Mexican
- Unknown if Hispanic
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Hispanic Origin
Specify _____

31. Race – Show informant the race card; Check one or more races to indicate what the decedent considered himself or herself to be.

- White
- Black or African American
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Guamanian or Chamorro
- Samoan
- American Indian or Alaska Native
(specify tribe(s)) _____
- Vietnamese
- Native Hawaiian
- Unknown
- Other Pacific Islander
(specify) _____
- Other Asian (specify) _____
- Other (specify) _____

32. Place of Death

- Hospital Inpatient
- Hospital ER/Outpatient
- Hospital DOA
- Decedent's Residence
- Decedent's Residence – Hospice
- Hospice Facility
- Nursing Facility
- Licensed Assisted Living Facility
- Licensed Residential Care Facility
- Licensed Adult Foster Home
- Other _____

33. Facility name _____

34. Location of Death: Same as decedent's residence address

Street Number and Name City or Town

State County Country Zip Code

OREGON DEATH CERTIFICATE WORKSHEET FOR FUNERAL HOMES

Informant Signature _____ **Date** _____

Funeral Director Signature _____ **Date** _____

Veteran's Status – Location of Combat Zone

The following is a list of combat zones as defined by the U.S. Department of Veterans Affairs. Please list any or all locations from the left column that the decedent served while in the U.S. Armed Forces. You are free to report any locations not named at the bottom of this form.

| Location of Combat Zone | Details and Time Period | Check if Served |
|---|--|------------------------|
| World War II (or name country below if desired) | European-African-Middle Eastern Campaign, from 12/7/1941 to 11/8/1945 | |
| | Asiatic-Pacific Campaign, from 12/7/1941 to 3/2/1946 | |
| | American Campaign, from 12/7/1941 to 3/2/1946 | |
| | American Merchant Marines, in oceangoing service from 12/7/1941 to 8/15/1946 | |
| Korea | From 6/27/1950 to 7/27/1954 | |
| Vietnam | From 2/28/1961 to 5/7/1975 | |
| Lebanon | From 8/25/1982 to 2/26/1984 | |
| Grenada | From 10/23/1983 to 11/21/1983 | |
| Panama | From 12/20/1989 to 1/31/1990 | |
| Persian Gulf | Beginning 8/2/1990, ongoing | |
| Somalia | Beginning 9/17/1992, ongoing | |
| Bosnia | From 11/21/1995 to 11/1/2007 | |
| Yugoslavia (now Bosnia- Herzegovina) & Croatia | Operations Joint Endeavor, Joint Guard, or Joint Forge, aboard U.S. Naval vessels in the Adriatic Sea, or air spaces above these areas, from 12/20/1995 to 12/2/2004 | |
| Kosovo | Beginning 3/24/1999, ongoing | |
| | Operations Joint Endeavor, Joint Guard, or Joint Forge, either in its waters or airspace, beginning 3/24/1999, ongoing | |
| Afghanistan (or name below) | Operation Enduring Freedom, spanning multiple countries, beginning 10/7/2001, ongoing | |
| Iraq | Operation Iraqi Freedom, from 3/19/2003 to 2/17/2010 | |
| | Operation New Dawn, beginning 02/17/2010, ongoing | |
| Global War on Terrorism (name below) | Military expeditions to combat terrorism, beginning 9/11/2001, ongoing | |
| Name any other locations in this space | | |