

# OREGON DEATH CERTIFICATE WORKSHEET

## 1. Decedent's name – Legal name, not nicknames

\_\_\_\_\_  
First Middle Last  
**AKA** \_\_\_\_\_  
(Only include on death certificate if substantially different than legal name)

2. Date of death \_\_\_\_\_ (mo dd yyyy) 3. Sex  M  F  Unknown

4a-b. Age \_\_\_\_\_  years  months  days  hours  minutes

5. SSN \_\_\_\_\_ 6. County of death \_\_\_\_\_

7. Birth date \_\_\_\_\_ (mo dd yyyy) 8. Birth place \_\_\_\_\_  
Town or city State or Country

## 9. Education – Show informant the education card

- |                                                                              |                                             |
|------------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> 8 <sup>th</sup> grade or less                       | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade; no diploma | <input type="checkbox"/> Bachelor's degree  |
| <input type="checkbox"/> High school graduate or GED completed               | <input type="checkbox"/> Master's degree    |
| <input type="checkbox"/> Some college credit, but no degree                  | <input type="checkbox"/> Doctorate degree   |
| <input type="checkbox"/> Refused                                             | <input type="checkbox"/> Not Obtainable     |
| <input type="checkbox"/> Not Obtainable                                      | <input type="checkbox"/> Unknown            |
| <input type="checkbox"/> Unknown                                             | <input type="checkbox"/> Not classifiable   |

## 10. Hispanic Origin – Show informant the ethnicity card

- No, Not Hispanic  Yes- Check all of the following that apply
- Mexican, Mexican-American, Chicano
- Puerto Rican
- Cuban
- Other Spanish/Hispanic/Latino Specify \_\_\_\_\_

## 11. Race – Show informant the race card; check all that apply

- White or Caucasian
- Black or African American
- American Indian or Alaska Native  
Specify principal tribe(s) \_\_\_\_\_
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian Specify \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander Specify \_\_\_\_\_
- Other Specify \_\_\_\_\_

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**12. Served in U.S. Armed Forces?**  No  Yes. If cannot determine if the decedent served in the Armed Forces, enter unknown. DO NOT leave this blank.

If the decedent served in the U.S. Armed Forces, check the “**Yes**” box. If not, check the “**No**” box. If “**Yes**”, did the decedent **serve in a Combat Zone?**  No  Yes. If “**Yes**”, add the **Location of Combat Zone**.

The informant may select the **Combat Zone Location(s)** that apply from the list at the end of this document or they may provide other locations(s). We will accept any location(s) provided.

If this is an electronic death record, you must use a semi-colon in the electronic system (“;”) between locations, if more than one location is listed.

See attached list at the end of this worksheet for a list of **Combat Zone Locations**.

## 13-17. Decedent’s residence

**13.** Number and Street \_\_\_\_\_ **14.** City/Town \_\_\_\_\_

**15.** \_\_\_\_\_ **16.** \_\_\_\_\_ **17.** \_\_\_\_\_  
County State or Country Zip Code + 4

**18. Inside city limits?**  No  Yes

## 19. Marital Status at time of death

- Married  Legally Separated  Oregon Registered Domestic Partnership
- Widowed  Divorced
- Never married  Unknown

## 20. Spouse’s name prior to first marriage

\_\_\_\_\_   
First Middle Last

**21. Usual Occupation** \_\_\_\_\_ **22. Business/Industry** \_\_\_\_\_

## 23. Father’s name

\_\_\_\_\_   
First Middle Last

## 24. Mother’s name prior to first marriage

\_\_\_\_\_   
First Middle Last

**25. Informant’s name** \_\_\_\_\_ **26. Telephone number** \_\_\_\_\_  
First Last

## 27. Relationship to Decedent

- Wife  Husband
- Mother  Father
- Sister  Brother
- Daughter  Son
- Oregon Registered Domestic Partner
- Other \_\_\_\_\_

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

Street or PO Box City/Town State Zip Code

- 29. Place of Death
 Hospital Inpatient
 Hospital ER/Outpatient
 Hospital DOA
 Hospice Facility
 Decedent's home
 Licensed Nursing Facility
 Licensed Assisted Living Facility
 Licensed Residential Care Facility
 Licensed Adult Foster Home
 Other

30. Facility name

31-34. Location of Death:  Same as decedent's residence address

31. Street Number and Name 32. City/Town 33. State 34. Zip Code

- 35. Method of Disposition
 Burial
 Cremation
 Donation
 Other
 Donation and cremation
 Entombment
 Removal from state

36. Place of Disposition

37. Location (City and State) 39. Date of Disposition

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**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.

<b>Location of Combat Zone</b>	<b>Details and Time Period</b>	<b>Check if Served</b>
<b>World War II (or name country below if desired)</b>	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	
<b>Korea</b>	From 6/27/1950 to 7/27/1954	
<b>Vietnam</b>	From 2/28/1961 to 5/7/1975	
<b>Lebanon</b>	From 8/25/1982 to 2/26/1984	
<b>Grenada</b>	From 10/23/1983 to 11/21/1983	
<b>Panama</b>	From 12/20/1989 to 1/31/1990	
<b>Persian Gulf</b>	Beginning 8/2/1990, ongoing	
<b>Somalia</b>	Beginning 9/17/1992, ongoing	
<b>Bosnia</b>	From 11/21/1995 to 11/1/2007	
<b>Yugoslavia (now Bosnia-Herzegovina) &amp; Croatia</b>	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	
<b>Kosovo</b>	Beginning 3/24/1999, ongoing	
	Operations Joint Endeavor, Joint Guard, or Joint Forge, either in its waters or airspace, beginning 3/24/1999, ongoing	
<b>Afghanistan (or name below)</b>	Operation Enduring Freedom, spanning multiple countries, beginning 10/7/2001, ongoing	
<b>Iraq</b>	Operation Iraqi Freedom, from 3/19/2003 to 2/17/2010	
	Operation New Dawn, beginning 02/17/2010, ongoing	
<b>Global War on Terrorism (name below)</b>	Military expeditions to combat terrorism, beginning 9/11/2001, ongoing	
<b>Name any other locations in this space</b>		