

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.

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| 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 <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Yet Determined | 3. U.S. SOCIAL SECURITY NUMBER <input type="checkbox"/> None <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 8. DECEDENT'S NAME PRIOR TO FIRST MARRIAGE | | | | 9. HRRF (Human Remains Release Form) <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | 12. HOW LONG IN THE STATE OF ARIZONA? ____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Minutes <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> In Transit <input type="checkbox"/> Unknown | | | 13. RESIDED IN AZ. TRIBAL COMMUNITY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <hr/> If yes, list name of Arizona Tribal Community on the line above | |
| 14. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown | | | | | | | |
| 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) |

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| 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. _____ |
| 19A. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation/Burial <input type="checkbox"/> Donation/Cremation <input type="checkbox"/> Donation/Entombment Removal: <input type="checkbox"/> From State <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation/Burial <input type="checkbox"/> Donation/Cremation <input type="checkbox"/> Donation/Entombment <input type="checkbox"/> Unknown <input type="checkbox"/> 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 | 25. EDUCATION (SELECT ONE) <input type="checkbox"/> 8th grade or less; none <input type="checkbox"/> 9th through 12th grade, no diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college credit, but not a degree <input type="checkbox"/> Associate degree (e.g.: AA, AS) <input type="checkbox"/> Bachelor's degree (e.g.: BA, AB, BS) <input type="checkbox"/> Master's degree (e.g.: MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g.: PhD, EdD, or Professional Degree e.g.: MD, DDS, DVM, LLB, JB) <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Not Classifiable | |
| 24B. DECEDENT'S INDUSTRY | 26. DECEDENT'S HISPANIC ORIGIN (Check the boxes that best corresponds with the decedent's ethnic identity as given by the informant) <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify) _____ | |
| 27. DECEDENT'S RACE (Select all that Apply) <input type="checkbox"/> White <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Black, African American <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro _____ <input type="checkbox"/> American Indian/ Alaska Native (Specify) _____ <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Refused Enrolled Tribe _____ <input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Not Obtainable Secondary Tribe _____ <input type="checkbox"/> Vietnamese _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Asian Indian (Specify) _____ | | |
| 28A. TYPE OF PLACE OF DEATH <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Emergency <input type="checkbox"/> Inpatient <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/Long Term Care <input type="checkbox"/> Other; Specify _____ | | 28B. PLACE OF DEATH FACILITY NAME |

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| 28C. PLACE OF DEATH FACILITY ADDRESS | | 28D. SPECIFY OTHER INSTITUTION OR ADDRESS WHERE DEATH OCCURRED | |
| 29A. CERTIFIER TYPE <input type="checkbox"/> Physician <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Tribal Authority <input type="checkbox"/> Unknown, Not Classified | | | |
| 29B. CERTIFIER'S LICENSE NUMBER | | 29C. CERTIFIER'S NAME (first, middle, last, suffix) | |
| 29D. CERTIFIER'S TITLE <input type="checkbox"/> Doctor of Medicine <input type="checkbox"/> Doctor of Osteopathy <input type="checkbox"/> C.N.M./C.M <input type="checkbox"/> Physician Assistant (PA) <input type="checkbox"/> Tribal Law Enforcement <input type="checkbox"/> Naturopathic Physician <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Medical Doctor Intern/Resident <input type="checkbox"/> APRN <input type="checkbox"/> 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. | |
| | | <hr/> <div style="display: flex; justify-content: space-between;"> Signature Date Signed </div> | |