## 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.

1A. LEGAL FIRST NAME		1B. LEGAL M	DDLE NAME	1C. LEGA	L LAST NAME	1D. SU	FFIX	1E. AKA'S IF ANY		1F. DECEDENT'S NAME PRIOR TO FIRST MARRIAGE			
2. GENDER □ Male □ Female □ Unknown		OF DEATH	4. TIME OF DEATH	4. TIME OF DEATH			5A. DATE OF BIRTH			5B. AGE IN Years Months Days Hours Minutes			
6. U.S. SOCIAL SECURITY NUMBER		ACE OF DEAT		Zip C	ode	□ Dea □ ER/	Outpatient 🛛 🗆 I		lent's Residence  ☐ Hospice Facility ent  ☐ Nursing Home/Long Term Care				
	one     City, Town, or Location     County     Zip Code     County     County       PLACE OF DEATH FACILITY     7D. SPECIFY OTHER INSTITUTION OR SPECIFY STREET AND NUMBER												
8. MARITAL STATUS	Divoro	xed D	□ Married	Married but	t Separated	□ Neve	er Marrie	d 🛛 🗆 Not Obta	ainable	Unknown	□ Widowed		
9A. FIRST NAME OF SURVIVING SPOUSE 9B. MIDDLE OF SUR			E NAME RVIVING SPOUSE	SPOUSE 9C. LAST NAME OF SURVIVING						E. LAST NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE			
10. EDUCATION (SELECT ONE)         10. 8th grade or less       9th through 12th grade, no diploma         11. High school graduate or GED completed       Some college credit, but no degree         11. Bachelor's degree (e.g.: AA, AS)       Bachelor's degree (e.g.: BA, BS)         11. Doctorate (e.g.: PhD, EdD, or Professional Degree e.g.: MD, DO)       Refused         11. Refused       Not Obtainable         11. Not Classifiable													
11A. NAME OF PHYSIC	ATE	11B. TELEPHONE NUMBER			11C. FAX NUMBER								
12. WAS AN AUTOPSY	PERFORM	IED? [	] Yes 🗆 No	🗆 Unl	known								
13. DECEDENT'S RACE	•												
	Asian Indian		Black or African American					American Indian or Alaska Native					
•	□ Japanese		□ Korean			□ Vietnamese		Primary or Enrolled Tribe					
		an or Chamorro						Secondary Tribe (Optional)					
□ Refused □ Not Obtainable				□ Other Pacific Islander □ Other					Additional Tribe				
Other (Specify)			(0)-000/	(Specify) (Specify)			_ Additional Tribe						
(Specify)		_ (Specify)	(Specify)				Unknown						

14. DECEDENT'S HISPANIC ORIGIN (Check the box that best corresponds with the decedent's ethnic identity as given by the informant)													
□ Not Spanish, Hispanic or Latino □ Mexican, Mexican American or Chicano □ Puerto Rican □ Cuban □ Other (Specify)													
15A. BIRTH COUNTRY	15B. BIRTH STATE 1				15C. BIRTH COUNTY			15	D. BIRTH	I CITY			
16A. DECEDENT'S STREET ADDRE	-55	16B. UNIT # 16C. CITY			16D. STATE			16E. ZIP CODE		16F. RESIDENCE COUNTY			
16G. RESIDENCE COUNTRY	17. HOW LONG IN ARIZONA				18. IN CITY LIMITS		19. ON /	19. ON ARIZONA RESERVATION				□ No □ Unknown	
		(Days, Years, etc.)				□ Yes □ No □ Unknown If yes			, name of Arizona Reservation				
20. DECEDENT'S OCCUPATION	21. DECEDENT'S INDUSTRY 2				22. U.S. ARMED FORCES 23A			23A. FATHER'S FIRST NAME			23B. FATHER'S MIDDLE NAME		
	[ [ [				Yes No Unknown								
23C. FATHER'S LAST NAME	23D. SUFFIX 24A. MOTHER'S FIRST NA			T NAME	24B. MOTH	DLE NAME		24C. MOTHER'S LAST NAM			AME PRIOR TO FIRST MARRIAGE		
25A. INFORMANT'S FIRST NAME	25B. INFORMANT MIDDLE NAME 25C. IN			5C. INFOR	MANT LAST	NAME 2	25D. SUFFIX		26. RELATIONSHIP TO DECEASED			ASED	
27A. INFORMANT'S MAILING ADDRESS (including county) 27B. ZIP CODE													
28 LATTEST THE INFORMATION P		LE AND VALID TO THE BEST OF MY KNO			NOWLEDGE. 29. DATE OF FINAL DISPOSITION								
28. I ATTEST THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE, TRUE AND VALID TO THE BEST OF MY KNOWLEDGE. 29. DATE OF FINAL DISPOSITION													
Informant's Signature Date Signed													
30. METHOD(S) OF DISPOSITION	ation	Donatio	n F	] Donatior	Rurial		tion/Cremat	ion			tion/Entomb	ment	
					moval/Cremation								
Removal/Donation/Cremation     Removal/Donation/Entombr													
Removal/Other (Specify Other)   Unknown   Other (Specify):													
31. NAME, CITY, & STATE OF FIRST DISPOSITION FACILITY OR CREMATORY 32. NAME, CITY & STATE OF SE							OF SECON	D DISF	POSITION	N FACILIT	Y OR CEME	TERY	
33. NAME AND ADDRESS OF FUNERAL HOME				34,	34A. FUNERAL DIRECTOR NAME			34C. I ATTEST THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE, TRUE AND VALID TO THE BEST OF MY KNOWLEDGE.					
					34B. LICENSE NUMBER								
								Signature Date Signed				Date Signed	
								Signal				Date eigned	

VS-28 Rev. 10/12/16