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

☐ 8th grade or less
☐ 9th-12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate's degree
☐ Bachelor's degree
☐ Master's degree
☐ Doctorate degree

☐ Refused ☐ Not Obtainable ☐ Unknown ☐ 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 _____ _____

OREGON DEATH CERTIFICATE WORKSHEET

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 _____	

OREGON DEATH CERTIFICATE WORKSHEET

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

35. Method of Disposition

☐ Burial
☐ Cremation
☐ Donation
☐ Other _____
☐ Donation and cremation
☐ Entombment
☐ Removal from state

36. Place of Disposition _____

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

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		