

Vital Statistics Worksheet

Facility:

FH id tag

Deceased First

Middle

Last

AKA (If substantially different than legal name)

DOD:

Time of Death:

Male

years

days

minutes

Sex: Female

Age:

months

hours

SSN:

County of death:

DOB:

Place of Birth (town)

Town

State/Country

Education

8th grade or less

Associate's degree

Refused

9-12th grade: no diploma

Bachelors degree

Not obtainable

High school grad or GED

Master's Degree

Unk

Some college credit, no degree

Doctorate Degree

Not classified

Hispanic origin

Not Hispanic

Cuban

Yes, check all that apply

Other Spanish/Hispanic/Latino (specify below)

Mexican, Mexican American, Chicano

Specify

Puerto Rican

Race

White or Caucasian

Japanese

Samoan

Black or African American

Korean

Other Pacific Islander (specify)

American Indian or Alaska Native (specify Tribe(s))

Vietnamese

Other Asian (specify)

Other (specify)

Asian Indian

Chinese

Native Hawaiian

Filipino

Guamanian or Chamorro

Served in US Armed forces? yes no

Combat Zone? N Y UNK

Rank and Service #

If yes, please see list and other information on last page

Decedent's residence:

Branch of Service

Address:

City:

County:

State or country:

Zip:

Inside City limits? N Y UNK

Marital status at time of death

Married

Never Married

Divorced

Oregon Registered Domestic Partnership

Widowed

Legally Separated

Unknown

Spouse maiden name (first, middle, and last)

Usual Occupation:

Business/industry:

Father's name (first, middle, last)

Mother's name (first, middle, last) - Prior to first marriage

Informant's name (nok)

First: []

Last: []

Relationship to decedent:

- Wife Sister Niece Grandfather
- Husband Brother Cousin Grandmother
- Mother Daughter POA Oregon Registered Domestic Partner
- Father Son Nephew

Informant's Address

Address:

City:

State:

Zip:

Tel:

Cell:

Place of death:

- Hospital inpatient Hospice Facility Licensed Assisted Living Facility Other (specify)
- Hospital ER/Outpatient Decedent's Home Licensed Residential Care Facility
- Hospital DOA Licensed Nursing Facility Licensed Adult Foster Home

Facility name: []

Address of death: Same as decedent's address? N Y If no:

Number and street: []

City: []

State: []

Zip: []

Disposition method:

- Burial Donation Entombment Other (specify)
- Cremation Donation and Cremation Removal from state

Disposition place: []

Disposition location []

Disposition date: []

ME Notified? yes no

Veteran's status - location of Combat Zone

The following is a list of combat zones as defined by the US Dept. of Veteran Affairs. Please list any or all locations that the decedent served while in the US Armed Forces. You are free to report any locations not named on the bottom of this form.

- WW II (or name country below if desired) European -African -Middle Eastern campaign 12/7/1941 to 11/8/1945
- WWII Asiatic - Pacific campaign, 12/7/1941 to 3/2/1946
- WWII American campaign, from 12/7/1941 to 3/2/1946
- WW II American Merchant Marines, oceangoing service, 12/7/1941 to 8/15/1946
- Korea, 6/27/1950 to 3/2/1946
- Vietnam, 2/28/5/7/1975
- Lebanon, 8/25/1982 to 2/26/1984
- Grenada, 10/23/1983 to 11/21/1983
- Panama, 12/20/1989
- Persian Gulf, 8/2/1990 to ongoing
- Somalia, 9/17/1992 to ongoing
- Bosnia, from 11/21/1995 to 11/1/2007
- Yugoslavia (Boznia-Herzegovia) & Croatia
Operation Joint Endeavor, Joint Guard, or Joint Forge, aboard US Naval Vessel in Adriatic sea or air spaces above these areas from 12/20/1995 to 12/2/2004
- Kosovo, Beginning 3/24/1999 to ongoing.
Operation Joint Endeavor, Joint Guard, or Joint Forge, either in its waters or airspace or air space, 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 or Operation New Dawn, beginning 2/17/2010, ongoing
- Global War on Terrorism (name below), Military expeditions to combat Terrorism, beginning 9/11/2001, ongoing
- Name of other locations