**1. Decedent’s full legal name** – Legal name, not nicknames

Prefix First Middle Other Middle

Last name prior to first marriage

Last

Suffix

AKA (full name) (Only include if substantially different than legal name)

**2 a-b. Date of death** (mm dd yyyy)

* Actual date of death  Approximate date of death
* Presumed date of death  Found date of death
* Court determined date of death
1. **County of death**
2. **Sex**  F  M
* Undetermined
* Unknown  X
1. **SSN**
* None
* Unknown
1. **Date of birth** (mm dd yyyy) **7 a-b. Age**  years  months  days  hours  minutes
2. **Birth place**

City or Town State Country

1. **a-c. Served in U.S. Armed Forces?**  No  Yes  Unknown

If cannot determine if the decedent served in the Armed Forces, select unknown. DO NOT leave this blank.

If the decedent served in the U.S. Armed Forces, did the decedent **serve in a Combat Zone?**  No  Yes. If **“Yes”**, add the **Location of Combat Zone:**

1. **Decedent’s resident address** (If the decedent was homeless at the time of death, list "Domicile Unknown" for the *Street Number, Name, Apt #*. Fill in the other address fields as much as possible.)

Street Number, Name, Apt # City or Town

County State Country Zip Code + 4

1. **Inside city limits?**  No  Yes  Unknown
2. **Marital Status at time of death**
	* Married
	* Legal Separation
* Divorced
* Never married
	+ Unknown
	+ Oregon Registered Domestic Partnership

(Court-appointed status)

* + - Widowed
		- Other (specify)
1. **Spouse’s name prior to first marriage**

First

1. **Father’s name**

Middle

Last (prior to first marriage)

First

1. **Mother’s name prior to first marriage**

Middle Last

First

Middle Last (prior to first marriage)

**16 a-b. Informant’s name**

First Middle Last Suffix

**Informant's Telephone Number**

1. **Relationship to Decedent**
	* Spouse  Parent  Registered Domestic Partner  Mother
	* Father  Son  Daughter  Sister
	* Brother  Grandfather  Grandmother  Grandson
	* Granddaughter  Aunt  Uncle  Niece
	* Nephew  Cousin  Other (specify)
2. **Informant’s mailing address**  same as decedent’s residence address

Street Number, Name, Apt # or PO Box City/Town State

Country

Zip Code

1. **Method of Disposition**  Alkaline Hydrolysis
	* Burial
	* Cremation
	* Donation and Cremation
	* Entombment
	* Natural Organic Reduction
	* Removal from state (check this box if disposition occurred outside of Oregon, regardless of method)
	* Other (specify)
2. **Date of Disposition** (mm dd yyyy)
3. **Place of Disposition**
4. **Location**

City or Town State Country

1. **Name of Funeral Facility**

**Complete address of Funeral Facility**

1. **Date Disposition Permit Printed 25. ID Tag Number**

**26. Decedent’s Occupation 27. Decedent’s Industry**

1. **Decedent’s Education – Show informant the education card**
	* 8th grade or less; none
	* 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 or Professional degree
	+ Unknown
1. **Hispanic Origin – (more than one choice can be indicated)**
	* No, Not Hispanic
	* Yes, Mexican
* Yes, Puerto Rican
* Yes, Cuban
* Yes, Other Hispanic Origin Specify
* Unknown if Hispanic
1. **Race –Check one or more races to indicate what the decedent considered himself or herself to be.**
	* White
	* Black or African American
* American Indian or Alaska Native
* Other Pacific Islander (specify)
	+ Asian Indian

(specify tribe(s))

* + Chinese  Other Asian (specify)
	+ Filipino
	+ Japanese
	+ Korean
	+ Vietnamese
	+ Native Hawaiian
* Other (specify)
	+ Guamanian or Chamorro
	+ Samoan
* Unknown

**31 a-b. Time of death**

* + **AM**
	+ **PM**
	+ **Military**
	+ Actual time of death  Approximate time of death
	+ Presumed time of death  Unknown time of death
	+ Court determined time of death
	+ Found time of death
1. **Place of Death**  Hospital Inpatient  Hospice Facility
	* Hospital ER/Outpatient  Nursing Facility
	* Hospital DOA  Licensed Assisted Living Facility
	* Decedent’s Residence  Licensed Residential Care Facility
	* Decedent’s Residence –  Licensed Adult Foster Home Hospice  Other
2. **Facility name**
3. **Location of Death:**  Same as decedent’s residence address

Street Number and Name City or Town

County State Country

Zip Code

|  |
| --- |
| **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 12/7/1941to 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 itswaters 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** |  |  |