Instructions: This worksheet is designed to be used as a supplemental tool when obtaining information from an informant or family member about the decedent. We recommend that both the informant and funeral director review the worksheet for completeness and sign and date it. If a typographical error occurs in marital status or name of spouse, having a signed worksheet can be used as evidence to support the correction of the record by the funeral director.

Prefix	First	M	Middle		Other Middle		
Last name prior to first marriage			 Last		Suffix		
\KA (full name)		(Only incl	(Only include if substantially different than legal name)				
2 a-b. Date of de	eath	(mm dd yyyy)					
	f death \Box Approxite of death \Box Found of	mate date of death date of death	☐ Court det	ermined date o	of death		
3. County of dea	ath	4. Sex F	M Unde	termined	Unknown X		
5. SSN		None Unki	nown				
6. Date of birth	(mm dd yyyy	y) 7 a-b. Age □ ye	ears 🗆 month	ns □ days □	hours minutes		
8. Birth place _							
	CITY OF LOWN				ALIMITY/		
	City or Town	Stat	Е		ountry		
9. a-c. Served ir	•	□ No □ Yes □ Unkr			Junity		
	u.S. Armed Forces?		nown		·		
lf cannot determi	n U.S. Armed Forces? ine if the decedent serve	☐ No ☐ Yes ☐ Unkred in the Armed Forces, se	nown elect <u>unknowr</u>	<u>n</u> . DO NOT lea	ave this blank.		
If cannot determi	n U.S. Armed Forces? ine if the decedent serve	□ No □ Yes □ Unkr	nown elect <u>unknowr</u> t serve in a C	n. DO NOT le	ave this blank.		
If cannot determi If the decedent s If "Yes", add the See attac The inforr	n U.S. Armed Forces? Ine if the decedent serve erved in the U.S. Armed Location of Combat Z whed list at the end of this	□ No □ Yes □ Unkred in the Armed Forces, set of the decedent of the decedent of the list of contact of the decedent of the de	nown elect <u>unknowr</u> t serve in a C ommon Com k	n. DO NOT leace	ave this blank. P □ No □ Yes.		
If cannot determine If the decedent so the If "Yes", add the See attack The informations (Funeral Fig. 1).	erved in the U.S. Armed Electron of Combat Zehed list at the end of this mant may select the local (s). We will accept any local them.	□ No □ Yes □ Unkred in the Armed Forces, set of the decedent of the decedent of the list of contact of the decedent of the de	nown elect unknown t serve in a Common Comb is list or they reted, you must	n. DO NOT lessons and combat Zone? The combat Zone? The combat Zone Local and provide of the combat separate the	ave this blank. P □ No □ Yes.		
If cannot determing the decedent so the decede	erved in the U.S. Armed Electron of Combat Zehed list at the end of this mant may select the local (s). We will accept any local the semi-colon (";") we resident address (If the	□ No □ Yes □ Unkred in the Armed Forces, so I Forces, did the decedent Cone: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	nown elect unknown t serve in a Common Comb is list or they reted, you must ited, you must ited in OVERS	n. DO NOT lead on the combat Zone? The combat Zone is a zone Local may provide of the combat separate the	ave this blank. P □ No □ Yes. Ations. ther		
If cannot determi If the decedent s If "Yes", add the See attac The inforr locations(Funeral H locations	erved in the U.S. Armed Electron of Combat Zehed list at the end of this mant may select the local (s). We will accept any local the semi-colon (";") we resident address (If the	□ No □ Yes □ Unkred in the Armed Forces, so I Forces, did the decedent one: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	nown elect unknown t serve in a Common Comb is list or they reted, you must ited, you must ited in OVERS	n. DO NOT lead on the combat Zone? The combat Zone is a zone Local may provide of the combat separate the	ave this blank. P □ No □ Yes. Ations. ther Domicile Unknown		

1

02/2023

12. Marital Status at time o	□ Divorce		□ Unknown				
☐ Legal Separation (Court-appointed☐ Widowed		nameu	_	□ Oregon Registered Domestic Partnership□ Other (specify)			
3. Spouse's name prior t	o first marriage						
First	Mic	ddle		Last (prior	to first marriage	e)	
4. Father's name							
First	Mic	Middle		Last			
5. Mother's name prior to) first marriage						
First	Mid	Middle		Last (prior to first marriage)			
16 a-b. Informant's name			N A: al all a				
	First		Middle		Lasi	Suffix	
Informant's Teleph	one Number						
7. Relationship to Decede	ent						
□ Spouse	□ Parent		•	estic Partne	r □ Mothe	r	
☐ Father	□ Son		aughter		☐ Sister		
	☐ Grandfather		andmother		☐ Grand	son	
☐ Granddaughter	☐ Aunt	☐ Ur	ncle		☐ Niece		
☐ Nephew ■ Nephew ■ Nephew ■ Nephew			her (specify) _ s residence ad				
Street Number, Name, Apt a	# or PO Box	City/Tov	 vn	 State	Country	Zip Code	
9. Method of Disposition	□ Alkalina Hydral	voio	□ Notur	al Organic F	Poduction		
19. Method of Disposition	☐ Burial	ysis		_	te (check this l	hov if	
	☐ Cremation				red outside of	JOX II	
	☐ Donation and Cremation		Oroga	Oregon, regardless of method)			
	Entombment	remation	_	-			
20. Date of Disposition		(r	nm dd yyyy)				
21. Place of Disposition _							
22. Location							
22. Location City or	Town	St	ate		Country		
23. Name of Funeral Facil	ity						
Complete address of F	uneral Facility						
A Date Disposition Perm	it Printed		25 ID T	aa Numbar			

2

02/2023

26. Decedent's Occi	upation	27. De	ceaent's ina	ustry	
28. Decedent's Educ	cation – Show inform	nant the education ca	ırd		
□ 9 th - □ Hig	 8th grade or less; none 9th-12th grade; no diploma High school graduate or GED comp Some college credit, but no degree 		☐ Associate☐ Bachelor☐ Master's☐ Doctorate☐ Unknown	degree	
□ No,		-	□ Ye Spec	hoice can be indicated) es, Other Hispanic Origin cify nknown if Hispanic	
considered himself	or herself to be. ite ck or African America an Indian nese bino banese	□ American Alaska Native (specify tribe) □ Vietnames □ Native Ha	Indian or s))	icate what the decedent ☐ Other Pacific Islander (specify) ☐ Other Asian (specify) ☐ Other (specify)	
	h th ☐ Approxima death ☐ Unknown		•	termined time of death ne of death	
32. Place of Death	☐ Hospital ER/Outp☐ Hospital DOA☐ Decedent's Resident	☐ Licensed /	acility Assisted Livin Residential Ca Adult Foster H	are Facility Home	
33. Facility name				_	
34. Location of Deat	h: □ Same as deced	lent's residence addre	SS		
Street	Number and Name		City	or Town	
County	State	· · · · · · · · · · · · · · · · · · ·	untry	Zin Code	

3 02/2023

Informant Signature	Date		
Funeral Director Signature	Date		

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
	European-African-Middle Eastern Campaign, from 12/7/1941 to 11/8/1945	
World War II (or name country	Asiatic-Pacific Campaign, from 12/7/1941 to 3/2/1946	
below if desired)	American Campaign, from 12/7/1941 to 3/2/1946	
Dolon II dooilod,	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	
пач	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		

4