

Next of Kin: _____

Phone No. Home: _____

Cell: _____

E-Mail: _____

Start Date: _____

Case No. _____

D/C: _____

DEATH CERTIFICATE WORKSHEET

Date of Death:		Time of Death (if known):		Physician (if known):	
Decedent's Legal Name (Include AKA's if any) (First, Middle, Last)			(Maiden Name)		Social Security Number:
Age - Last Birthday - Years		If Under 1 year Months Days		Date of Birth:	
		If Under 1 Day Hours Minutes		Birth Place: City, State Or Foreign Country	
Residence - State:		County/Borough:		City or Town:	
Physical Address of Residence:			Zip Code:		Inside City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ever In US Armed Forces: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Marital Status At Time of Death: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		Surviving Spouse's Name: (If wife, give name prior to first marriage)	
Father's Name (First, Middle, Last):			Mother's Name (First, Middle, Maiden Surname): Name Prior to First Marriage		
Informant's Name:		Relationship to Decedent:		Mailing Address (Street/Number, P.O. Box, City, State, ZIP Code)	
Decedent's Education: Check One <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Some College Credit, but no degree <input type="checkbox"/> Associate Degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional Degree (e.g. MD, DDS, DVM, LLB, JD)		Decedent of Hispanic Origin? <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish, Hispanic/Latino Specify: _____		Decedent's Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native _____ (Name of enrolled/principal Tribe _____) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro(a) <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____	
Decedent's Usual Occupation (DO NOT USE RETIRED) Indicate type of work done during most of working life			Kind of Business/Industry		
Place of Death: (check only one)					
If Death Occurred in Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Rm/Outpatient <input type="checkbox"/> DOA			If Death Occurred Somewhere Other Than Hospital: <input type="checkbox"/> Nursing Home/Long Term Care <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Other: Specify _____		
Facility Name (If not institution, give street and number)		City/Town, State and Zip Code		County/Borough of Death	
Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other: Specify _____		Place of Disposition (Name of Cemetery, Crematory, Other Place)			

Please See Reverse Side

The information provided on this form is true and correct to the best of my knowledge.
 I understand that any errors or omissions regarding the information that I provided
 will incur a correction fee of \$30 by the State of Alaska

Signed by Informant

Date

As a courtesy to the family, our funeral home will notify:
Social Security Administration and **Veteran's Administration**
 We will also notify any additionally requested entities if they accept Funeral Home Notification

Certified Copies May Be Needed for the Following:

- | | |
|--|---|
| <input type="checkbox"/> Life Insurance Policies | <input type="checkbox"/> Estate Settlement or Probate |
| <input type="checkbox"/> Banks - Loans - Credit Cards | <input type="checkbox"/> Labor Unions |
| <input type="checkbox"/> Dept. of Motor Vehicles | <input type="checkbox"/> Stocks - Bonds - CD's |
| <input type="checkbox"/> Permanent Fund Dividend (PFD) | <input type="checkbox"/> Pension or Retirement Plans |
| <input type="checkbox"/> Real Estate and / or Property | <input type="checkbox"/> Miscellaneous |

Certified Copies of the Death Certificate in the State of Alaska are \$30 for the 1st copy and \$25 for each additional copy ordered at the same time

Total Number of Certified Copies Requested: _____

Number of Copies	Cost
1	\$30.00
2	\$55.00
3	\$80.00
4	\$105.00
5	\$130.00
6	\$155.00
7	\$180.00
8	\$205.00
9	\$230.00
10	\$255.00

Number of Copies	Cost
11	\$280.00
12	\$305.00
13	\$330.00
14	\$355.00
15	\$380.00
16	\$405.00
17	\$430.00
18	\$455.00
19	\$480.00
20	\$505.00