



Information Worksheet for Washington State Certificate of Death

Detailed instructions can be found on the Barton Family Funeral Service website at www.bartonfuneral.com/forms/forms.htm

1. Legal Name (Include AKA's if any) First Middle Last Suffix					2. Date of Death				
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number	6. County of Death		
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Which Branch?			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)						13b. City or Town			
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4		13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death Married, Never Married, Divorced, Widowed			16. Surviving Spouse's Name (Give name prior to first marriage)				
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).					18. Kind of Business/Industry (Do not use Company Name)				
19. Father's Name (First, Middle, Last, Suffix)					20. Mother's Name Before First Marriage (First, Middle, Last)				
21. Informant's Name				Informant's Relationship to Deceased					
23. Informant's Mailing Address						Informant's Phone Number			
49. Name and Address of Physician						Physician Phone Number			
Informant's Signature (I declare the foregoing is true to the best of my knowledge)									
						E-mail address			
						Date:			

To be completed by Funeral Director

24. Place of Death, if Death Occurred in a Hospital:				Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street)			26a. City, Town, or Location of Death			26b. State	27. Zip Code
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)			30. Location-City/Town, and State		
31. Name and Complete Address of Funeral Facility BARTON FAMILY FUNERAL SERVICE LLC, 11630 Slater Ave NE, Suite 1A, Kirkland, WA 98034						32. Date of Disposition	
50. Hour of Death		36. Autopsy? <input type="checkbox"/> YES <input type="checkbox"/> NO		56. Referred to Medical Examiner? <input type="checkbox"/> YES <input type="checkbox"/> NO		55. ME/Coroner file number	

NOTES: