ELEMENTAL CREMATION & BURIAL

Pre-Arranged Information Worksheet for Washington State Certificate of Death

		Deceden	t's Informat	tion				
1. Legal Name (Include AKA's if an								
irst Middle Last				Suffix			Sex	
Date Form Was Completed Date of I		Birth	Age Social Security			Number		
-								
III : Di : :				Dana C		0.1		
Hispanic Ethnicity	Race			Race Othe				
State or Country of Birth County of Birth			City of Birth					
Aliases (AKA's)								
		Place	of Residenc	e				
Residence Street Address			Unit Num					
Residence City	State	State		Zip		County		
Trestaence eng	State					County		
Estimated time at Residence	Inside C	:						
Estimated time at Residence		Inside City Limits?						
	E	Education	1 & <i>Occupa</i>		<u> </u>			
Highest Education Completed			Veteran of the U.S. Armed Forces? (y/n)					
Usual Occupation (Do Not Use Retired or Disabled)			Industry (Do Not Use Company Name)					
		Mar	ital Status					
Marital Status *			Surviving Spouse's Name (Maiden)					
	Parent	ts' & Info	ormant's In	formatio	n			
Father's Name	Mother's Name (before first marriage)							
				`		0 /		
Informant's Name	Relationship to	ationship to Dec'd		Mailing Address		y Stat	te .	Zip Code
informant savanie	Relationship to) Dec u	Walling 7 to	uress	CI	y Stat	.C	Zip code
Informant's signature verifying ac	curacy of this	data:						
	,							
SIGNATURE →								
I would like cer	rtified con	ies of t	he death	certific	cate.		(initials)	
		01 6					()	

^{*} Marital status options: Never Married, Married, Domestic Partner, Divorced, Widowed, Separated, Unknown