ARIZONA VSIMS WORKSHEET

DECEDENT'S LEGALNAME (FIRST, MIDDLE, LAST, SUFFIX) | AKA'S (IF ANY) | DATE OF DEATH ☐ACTUAL ☐ FOUND

SEX	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	UNDER 1 YEAR		UNDER 1 DAY	
	_____/____/_____ ☐ UNKNOWN ☐ NONE	____/____/_____		MONTHS	DAYS	HRS	MINS

PLACE OF DEATH:
☐ DEAD ON ARRIVAL ☐ ER OUTPATIENT ☐ HOSPICE FACILITY ☐ INPATIENT ☐ DECEDENT'S RESIDENCE ☐ NURSING HOME/LONG TERM CARE

☐ OTHER (SPECIFY) _____ PLACE OF DEATH FACILITY _____

SPECIFY OTHER INSTITUTION OR SPECIFY STREET, NUMBER, CITY, COUNTY & ZIP: _____ TIME OF DEATH _____ ☐ AM ☐ PM ☐ MILITARY

MARITAL STATUS: ☐ DIVORCED ☐ MARRIED ☐ MARRIED BUT SEPARATED ☐ NEVER MARRIED ☐ NOT OBTAINABLE ☐ UNKNOWN ☐ WIDOWED

FIRST NAME OF SURVIVING SPOUSE | MIDDLE NAME OF SURVIVING SPOUSE | LAST NAME OF SURVIVING SPOUSE | SUFFIX

LAST NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE

EDUCATION (SELECT ONE) ☐ 8TH grade or less ☐ 9th -12th grade No diploma ☐ High School Grad/ GED completed ☐ Some College Credit but No Degree
☐ Associate Degree (e.g. AA, AS) ☐ Bachelor's Degree (e.g. BA, BS) ☐ Master's Degree (e.g.: MA, MS, MEng,etc) ☐ Doctorate (e.g.: PhD, EdD, MD, DO)
☐ Not Obtainable ☐ Unknown ☐ Refused ☐ Not Classifiable

DECEDENT'S RACE (SELECT ALL THAT APPLY)
☐ WHITE
☐ BLACK OR AFRICAN-AMERICAN
☐ AMERICAN INDIAN OR ALASKA NATIVE
PRIMARY OR ENROLLED TRIBE: _____
SECOND TRIBE (OPTIONAL): _____
ADDITIONAL TRIBE: _____
ADDITIONAL TRIBE: _____
☐ ASIAN INDIAN
☐ CHINESE
☐ FILIPINO
☐ JAPANESE
☐ KOREAN
☐ VIETNAMESE
☐ OTHER ASIAN (SPECIFY) _____
☐ NATIVE HAWAIIAN
☐ GUAMANIAN OR CHAMORRO
☐ SAMOAN
☐ OTHER PACIFIC ISLANDER (SPECIFY) _____
☐ OTHER (SPECIFY) _____
☐ UNKNOWN
☐ REFUSED
☐ NOT OBTAINABLE

DECEDENT'S HISPANIC ORIGIN: CHECK THE BOX THAT BEST CORRESPONDS WITH THE DECEDENT'S ETHNIC IDENTITY AS GIVEN BY THE INFORMANT.
☐ NOT SPANISH, HISPANIC OR LATINO
☐ MEXICAN, MEXICAN AMERICAN OR CHICANO
☐ PUERTO RICAN
☐ CUBAN
☐ OTHER (SPECIFY) _____
☐ UNKNOWN
☐ REFUSED
☐ NOT OBTAINABLE

BIRTH INFORMATION:

BIRTH COUNTRY | BIRTH STATE | BIRTH COUNTY | BIRTH CITY

DECEDENT'S RESIDENCE ADDRESS:

DECEDENT'S STREET ADDRESS | APT/UNIT# | CITY | STATE | ZIP CODE

RESIDENCE COUNTY | RESIDENCE COUNTRY | _____ ☐DAYS ☐WEEKS ☐MONTHS ☐YEARS HOW LONG IN ARIZONA

☐YES ☐NO ☐UNKNOWN IN CITY LIMITS | ☐YES ☐NO ☐UNKNOWN ON AZ RESERVATION | IF YES, NAME OF ARIZONA RESERVATION

DECEDENT'S OCCUPATION | DECEDENT'S INDUSTRY | ☐YES ☐NO ☐UNKNOWN U.S. ARMED FORCES

FATHER'S FIRST NAME | MIDDLE NAME | LAST NAME | SUFFIX

MOTHER'S FIRST NAME | MIDDLE NAME | MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE

INFORMANT

FIRST NAME | MIDDLE NAME | LAST NAME | SUFFIX | RELATIONSHIP TO DECEASED

INFORMANT'S MAILING ADDRESS (STREET, NUMBER, CITY, COUNTY, & ZIP CODE) | COUNTRY (IF NOT IN U.S.)

DISPOSITION: DATE OF FINAL DISPOSITION _____/ _____/ _____
METHOD(S) OF DISPOSITION
☐ BURIAL ☐ DONATION/BURIAL ☐ REMOVAL/CREMATION ☐ REMOVAL/DONATION/CREMATION ☐ ENTOMBMENT ☐ UNKNOWN
☐ CREMATION ☐ DONATION/CREMATION ☐ REMOVAL/DONATION ☐ REMOVAL/DONATION/ENTOMBMENT ☐ REMOVAL FROM STATE
☐ DONATION ☐ DONATION/ENTOMBMENT ☐ REMOVAL/BURIAL ☐ REMOVAL/DONATION/BURIAL ☐ REMOVAL/ENTOMBMENT
☐ OTHER (SPECIFY) _____ ☐ REMOVAL/OTHER (SPECIFY) _____

NAME, CITY & STATE OF FIRST DISPOSITION FACILITY OR CREMATORY | NAME, CITY & STATE OF SECOND DISPOSITION FACILITY OR CEMETERY

NAME AND ADDRESS OF FUNERAL HOME | NAME OF FUNERAL HOME DIRECTOR | LICENSE NUMBER

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION OF THIS WORKSHEET IS TRUE AND CORRECT.

INFORMANT'S SIGNATURE | DATE SIGNED | SIGNATURE OF FUNERAL DIRECTOR | DATE SIGNED