



INFORMATION REQUIRED FOR ARIZONA DEATH CERTIFICATE

Name of deceased (first, middle, last): _____

Address (city, state, zip code, county): _____

Sex: Male Female

Race: _____ Was deceased of Hispanic origin? _____

If yes, Indicate Mexican, Spanish, Puerto Rican, Cuban etc.: _____

City and State of Birth: _____

Date of Birth: _____ Age: _____

If Veteran, specify war and/or branch of service: _____

Social Security number: _____

Citizen of what country: _____

Usual Occupation: _____

Retired? Yes No

How long resided in Arizona? _____

Previous state of residence: _____

Father's name: _____

Father's birth city and state: _____

Mother's name and maiden name: _____

Mother's birth city and state: _____

Education (number of years: 0-12): _____ College (1-4 or 5+) _____

Married Never Married Widowed Divorced

Spouse (first, middle, maiden name): _____