

STATE OF ALASKA

Sean Parnell, GOVERNOR

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Ave
Division of Public Health
STATE MEDICAL EXAMINER OFFICE

5455 Dr Martin Luther King Jr
Anchorage, Alaska 99507-1264
Phone: 334-2200/Fax: 334-2216

The following information is required to accurately complete the Death Certificate for the named individual. Please furnish as much information as possible and type or print legibly, and return by fax to 334-2216.

Decedent's full name: First: _____ Middle: _____ Last: _____

Gender: Male Female Maiden Name: _____

Date of Birth: _____ **Birthplace:** _____

Marital Status: Never Married Married Widowed Divorced Unknown:

Surviving spouse: _____ (If wife, give maiden name)

Social Security Number: _____ - _____ - _____ **Occupation:** _____
(Give kind of work done during most of working life, do not use "retired")

Kind of Business or Industry: _____ Ever in Armed Forces: Yes No Unknown

Decedent's Address: _____ **City:** _____ **State:** _____ **Zip Code** _____

Is decedent's residence inside city limits or settled community?: Yes No Unknown

Was the decedent of Hispanic origin? No Yes (Cuban, Mexican, Puerto Rican, etc.)

Race: _____ (Filipino, Black, Native, White, etc) **Decedent's education:** _____ (Highest grade completed)
0-12, College 1-4 or 5+

Mother's Maiden Name: First: _____ Middle: _____ Maiden : _____

Father's Name: First: _____ Middle: _____ Last: _____

Location of disposition: Name of cemetery, crematory, or other place: _____

City or town: _____ **State:** _____

Informant's Name: _____

Informant's Mailing Address: _____ **City:** _____ **State:** _____

Disposition: Burial Cremation Removal from state Donation Other

Informant's relationship to decedent: _____ **Informant's telephone #:** _____