

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 #: _____