



Alaska State Medical Examiner's Office
5455 Dr. Martin Luther King Jr. Ave., Anchorage, AK 99507
Phone: (907) 334-2200; Fax: (907) 334-2216
Email: medical.examiner@alaska.gov

Death Certificate Information

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.

Decedent Information:

Full Name: First _____ Middle _____ Last _____

Maiden Name _____ **Gender:** Male Female **Date of Birth:** _____

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

Marital Status: Never Married Married Widowed Divorced Unknown

Occupation: _____ **Kind of business/industry:** _____
(Give kind of work done during most of working life, do not use "retired".)

Social Security Number: _____ **Ever in Armed Forces?:** Yes No Unknown

Address: _____ City _____ State _____
(Must be a physical address; no PO box.)

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

Race: _____ **Was the decedent of Hispanic origin?:** No Yes
(Native, Filipino, Black, White, etc.) (Cuban, Mexican, Puerto Rican, etc.)

Highest level of education completed? _____ (0-12, College 1-4 or 5+)

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

Father's Name: First _____ Middle _____ Last _____

Disposition: Burial Cremation Removal from state Donation Other

Name of cemetery, crematory, or other place: _____

Address: _____ City _____ State _____

Informant's Information (person providing the above information):

Full Name: _____

Telephone #: _____ **Relationship to Decedent:** _____

Mailing Address: _____ City _____ State _____