

BIOLOGICAL RESOURCE CENTER - INFORMATION REQUIRED TO COMPLETE A DEATH CERTIFICATE

**Important Note:** This information is kept locked down and will remain confidential at all times.



**GENERAL DEATH CERTIFICATE INFORMATION**

1. Who told you about Biological Resource Center? \_\_\_\_\_

2. Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. Contact Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

4. Full Name: \_\_\_\_\_ 5. Male / Female (CIRCLE)

(FIRST) (MIDDLE) (LAST) MAIDEN NAME (FEMALES ONLY)

6. Address: \_\_\_\_\_

\_\_\_\_\_ 7. Mailing Address Different? Yes / No

(CITY) (STATE) (ZIP CODE) (COUNTY) If yes, please write next to physical address

8. Within city limits: YES / NO (CIRCLE ONE) 9. On a reservation: YES / NO (CIRCLE ONE)

10. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 11. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

12. Place of Birth: \_\_\_\_\_ 13. Citizenship: \_\_\_\_\_ 14. Current Height: \_\_\_\_\_ 15. Current Weight: \_\_\_\_\_ Lbs.

CITY, STATE

16. Years of Full Time Residence in Arizona: \_\_\_\_\_ 17. Is Donor a Veteran: YES / NO (CIRCLE ONE)

18. Current Marital Status (CIRCLE ONE): NEVER MARRIED MARRIED WIDOWED DIVORCED

19. If married, Wife's full **maiden** name: \_\_\_\_\_

(FIRST) (FULL MIDDLE NAME) (MAIDEN LAST NAME)

20. or, your Husband's full name: \_\_\_\_\_

(FIRST) (FULL MIDDLE NAME) (LAST)

21. Occupation most of working career (other than retired): \_\_\_\_\_ 22. Industry: \_\_\_\_\_

23. Highest grade level completed in school? \_\_\_\_\_ 24. Type of Degree/Diploma earned? \_\_\_\_\_

25. Ethnicity (CIRCLE): WHITE BLACK AMERICAN INDIAN \_\_\_\_\_% (If American Indian)

If Hispanic (CIRCLE): MEXICAN SPANISH PUERTO RICAN CUBAN OTHER

26. Father's full name: \_\_\_\_\_

(FIRST) (MIDDLE) (LAST)

27. Mother's **Maiden** Name \_\_\_\_\_

(FIRST) (MIDDLE) (MAIDEN NAME)

**NEXT-OF-KIN / POWER OF ATTORNEY INFORMATION**

28. Next-of-Kin Name: \_\_\_\_\_ 29. Relationship to Donor: \_\_\_\_\_

(FIRST) (MIDDLE) (LAST)

30. Next-of-Kin Address: \_\_\_\_\_

31. City \_\_\_\_\_ 32. State \_\_\_\_\_ 33. Zip Code \_\_\_\_\_

34. Informant's Telephone Number(s): ( \_\_\_\_\_ ) \_\_\_\_\_, ( \_\_\_\_\_ ) \_\_\_\_\_

35. Is mailing address different? Yes / No (If yes, please give mailing address).

36. I attest that the above information is true and accurate to the best of my knowledge

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of person completing form Printed Name Relationship to donor / Self Date

(Individual Death Certificate Information Form 50 Created 10/2004, Rev. 5/2010)