

Springer and Son Aloha Funeral Home and Crematory

4150 SW 185th Avenue – P.O Box 5308 – Aloha, Oregon 97006-5308
 Phone 503.356.1000 – Fax 503.356.1013 – Email jnt@springerandson.com

Vital Statistic Information for Completion of the Death Certificate

Name of Person Arrangements are for:		First	Middle	Last	Suffix
Date of Birth:			SSN:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
City & State or Foreign Country of Birth:					
Education <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th – 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate degree <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Not classifiable		Hispanic Origin <input type="checkbox"/> No, Not Hispanic <input type="checkbox"/> Yes- Check all of the following that apply <input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino (Specify): _____		Race <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Black or African American <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> American Indian or Alaska Native [Specify principal tribe(s)] _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify) _____	
Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, did they serve in a Combat Zone: <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____			
Residential Address:					
City:		State:	Zip:	Phone:	
Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			County:		
Occupation (for most of life):			Industry:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Legal Separation <input type="checkbox"/> Oregon Reg. Domestic Partnership					
Spouse's Name (if Married/Widowed/ORDP):		First	Middle	Maiden (Prior to first marriage)	
Father's Name :	First	Middle	Last	Suffix	
Mother's Name:	First	Middle	Maiden (Prior to first marriage)		
Next of Kin/Informant's Name:					
Relationship:		Phone:	E-mail:		
Mailing Address:					
City:		State:	ZIP:	County:	
Type of Arrangement Desired (Please check one): <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other _____					
Name of Cemetery (if any):					
If Cremation, what would you like done with your ashes?					

For placement in a VA National Cemetery, please provide the following information for the Veteran:

Name of Veteran: (if arrangements are for a spouse or dependent child)		First	Middle	Last	Suffix
SSN:		Date of Birth:		Date of Death:	
Branch of Service:			Rank:	Honorable Discharge: <input type="checkbox"/> Y <input type="checkbox"/> N	
Service #:		VA Claim #:		Dates of Service:	