

Pre-planning Paperwork

To set up your wishes, visit
CascadeMemorial.com or call to meet
with an arrangement planner.

At the time of your Loved One's passing,
you or a health professional will contact
Cascade Memorial. You may reach us any
time, day or night.

After the passing, we may set up a
time to meet in our office, or you may
prefer to complete the process online at
CascadeMemorial.com

1. DEATH CERTIFICATES

Please complete the worksheet for the
death certificate (reverse) and return
to us.

2. AUTHORIZING A CREMATION

A person is able to authorize their own
cremation, or their power of attorney may
do so on their behalf before their passing.
This can be done using the Authorization
for Cremation form, available online.

3. PREPAYING FOR PLANS

Prepayment is preferred by many, but is
not required. When you prepay, you lock
in today's prices and we guarantee that
price will be honored. Please note there
is an additional recording fee to set up a
guaranteed prepaid trust.

CascadeMemorial.com/plan-ahead



Sarah Geiger, Managing Director

Make prepaid arrangements online

CascadeMemorial.com.



13620 NE 20th Street 1109 South 348th Street
Bellevue Federal Way
425.641.6100 253.874.9000

CascadeMemorial.com

Serving King, Pierce and
Snohomish Counties



Plan Ahead

*Planning arrangements
for your loved one.*



Simplicity • Convenience • Low Cost

CascadeMemorial.com



WASHINGTON STATE DEATH CERTIFICATE WORKSHEET

1. Legal Name (Include AKA's if any)		First	Middle	LAST	Suffix		2. Death Date (MM/DD/YYYY)	
							6. County of Death	
3. Sex (M/F)	4a. Age-Last Birthday (Years)	4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes	5. Social Security Number			
7. Birthdate (MM/DD/YYYY)		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		12. Was Decedent ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
9. Decedent's Education -(Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8 th grade or less (Specify): _____ <input type="checkbox"/> 9 th – 12 th 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(e.g., AA, AS) <input type="checkbox"/> Bachelor's degree(e.g., BA, AB, BS) <input type="checkbox"/> Master's degree(e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate(e.g., PhD EdD) or Professional degree(e.g., MD, DDS, DVM, LLB, JD)		10. Was Decedent of Hispanic Origin? (Check the box that best describes whether the decedent was Spanish/Hispanic/Latino or check the "No" box if decedent was not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify): _____		11. Decedent's Race (Check one or more races to indicate what the decedent considered himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian(Specify): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____				
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town				
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
14. Estimated length of time at residence. (Specify units (e.g., 6 years, 6 month, etc.)) <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED), 18. Kind of Business/Industry (Do not use Company Name)								
19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name Before First Marriage (First, Middle, Last)						
21. Informant's Name		22. Relationship to Decedent						
23. Mailing Address:		Number & Street or RFD No.		City or Town		State		Zip

The above information is complete and accurate to the best of my knowledge. I understand that the funeral home will use this information for the completion of a death certificate.

Signed: _____ Date: _____