

14. DECEDENT'S HISPANIC ORIGIN (Check the box that best corresponds with the decedent's ethnic identity as given by the informant)										
<input type="checkbox"/> Not Spanish, Hispanic or Latino		<input type="checkbox"/> Mexican, Mexican American or Chicano		<input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Cuban		<input type="checkbox"/> Other (Specify) _____		
<input type="checkbox"/> Unknown		<input type="checkbox"/> Refused		<input type="checkbox"/> Not Obtainable						
15A. BIRTH COUNTRY		15B. BIRTH STATE			15C. BIRTH COUNTY			15D. BIRTH CITY		
16A. DECEDENT'S STREET ADDRESS			16B. UNIT #	16C. CITY			16D. STATE		16E. ZIP CODE	16F. RESIDENCE COUNTY
16G. RESIDENCE COUNTRY		17. HOW LONG IN ARIZONA _____ (Days, Years, etc.)			18. IN CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. ON ARIZONA RESERVATION <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, name of Arizona Reservation _____			
20. DECEDENT'S OCCUPATION		21. DECEDENT'S INDUSTRY			22. U.S. ARMED FORCES <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		23A. FATHER'S FIRST NAME		23B. FATHER'S MIDDLE NAME	
23C. FATHER'S LAST NAME		23D. SUFFIX	24A. MOTHER'S FIRST NAME		24B. MOTHER'S MIDDLE NAME		24C. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE			
25A. INFORMANT'S FIRST NAME		25B. INFORMANT MIDDLE NAME		25C. INFORMANT LAST NAME		25D. SUFFIX	26. RELATIONSHIP TO DECEASED			
27A. INFORMANT'S MAILING ADDRESS (including county)								27B. ZIP CODE		
28. I ATTEST THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE, TRUE AND VALID TO THE BEST OF MY KNOWLEDGE.								29. DATE OF FINAL DISPOSITION		
Informant's Signature _____						Date Signed _____				
30. METHOD(S) OF DISPOSITION										
<input type="checkbox"/> Burial		<input type="checkbox"/> Cremation		<input type="checkbox"/> Donation		<input type="checkbox"/> Donation/Burial		<input type="checkbox"/> Donation/Cremation		<input type="checkbox"/> Donation/Entombment
<input type="checkbox"/> Entombment		<input type="checkbox"/> Removal From State		<input type="checkbox"/> Removal/Burial		<input type="checkbox"/> Removal/Cremation		<input type="checkbox"/> Removal/Donation		<input type="checkbox"/> Removal/Donation/Burial
<input type="checkbox"/> Removal/Donation/Cremation			<input type="checkbox"/> Removal/Donation/Entombment			<input type="checkbox"/> Removal/Entombment				
<input type="checkbox"/> Removal/Other (Specify Other) _____				<input type="checkbox"/> Unknown		<input type="checkbox"/> Other (Specify): _____				
31. NAME, CITY, & STATE OF FIRST DISPOSITION FACILITY OR CREMATORY					32. NAME, CITY & STATE OF SECOND DISPOSITION FACILITY OR CEMETERY					
33. NAME AND ADDRESS OF FUNERAL HOME					34A. FUNERAL DIRECTOR NAME		34C. I ATTEST THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE, TRUE AND VALID TO THE BEST OF MY KNOWLEDGE.			
					34B. LICENSE NUMBER					
					Signature _____		Date Signed _____			