

AGENCY DISCLOSURE NOTICE

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DD Form 2064 – Certificate of Death Information Worksheet

Please provide the following information in order to expedite the issuance of the DD Form 2064 – Certificate of Death issued by the Armed Forces Medical Examiner System.

DECEASED BIOGRAPHICAL INFORMATION

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: Month: _____ Day: _____ Year: _____

RACE/ETHNICITY (*Select all that apply*):

- American Indian or Alaska Native Asian Black or African American
- Hispanic or Latino Middle Eastern or North African
- Native Hawaiian or Pacific Islander White

RELIGION: _____ CITIZENSHIP: _____

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED SEPARATED

DECEASED EMPLOYER INFORMATION

ORGANIZATION: _____ RANK/GRADE (if applicable): _____

BRANCH OF SERVICE (if applicable): _____

NEXT OF KIN INFORMATION Relationship to Deceased:

FIRST NAME:

MIDDLE NAME: _____

LAST NAME: _____

FULL ADDRESS: (No P.O. Box Numbers please, Death Certificates are delivered via FEDEX)

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ (for use for FEDEX shipment point of contact only)