



VITAL STATISTICS FOR WASHINGTON STATE

This is the information required to issue a death certificate in Washington state. Please fill out the information for the Precompose Beneficiary (the person who you are purchasing Precompose for). If you are filling this out by hand, please print carefully.

We strongly recommend that you keep a copy of this with your other important papers.

FULL LEGAL NAME OF BENEFICIARY

First	Middle	Last	Suffix

SEX	DATE OF BIRTH <i>mm/dd/yyyy</i>	SOCIAL SECURITY NUMBER
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary		— —

OTHER NAMES USED PREVIOUSLY

<input type="checkbox"/> Yes <input type="checkbox"/> No	First	Middle	Last	Suffix

HISPANIC ETHNICITY *If selected yes, please choose all that apply.*

<input type="checkbox"/> Unknown	<input type="checkbox"/> Mexican American, Chicano	<input type="checkbox"/> Other, Spanish/Hispanic/Latino
<input type="checkbox"/> No Response	<input type="checkbox"/> Puerto Rican	
<input type="checkbox"/> No, Not Spanish/Hispanic/Latino	<input type="checkbox"/> Cuban	
<input type="checkbox"/> Yes		

RACE(S) *Choose all that apply.*

<input type="checkbox"/> Unknown	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Filipino		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other
	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	

PLACE OF BIRTH

City County State Country (if not USA)

PLACE OF RESIDENCE

Street address, including apartment number

City State Zip/Postal Country (if not USA)

Resided at this address since: Inside city limits?

Year

Yes No Unknown

Reside on Tribal Reservation?

If yes, please list name of reservation

EDUCATION COMPLETED *Highest degree earned.*

8th grade or less 9th-12th grade, no diploma High school graduate or GED Some college, no degree Associate degree
 Bachelor's degree Masters degree Doctorate Unknown

USUAL OCCUPATION *Kind of work done for most of working life. Do not enter "retired." If retired, give the former occupation/s, for example, "Teacher" or "Doctor"*

BUSINESS/INDUSTRY *Field worked in. Do not use a company name, but the field, for example, "Education" or "Healthcare"*

WAS BENEFICIARY EVER IN U.S. ARMED FORCES?

Yes No Unknown

MARITAL STATUS AT TIME OF FILING

Married Registered Domestic Partner Never Married Widowed Divorced Separated Unknown

Legal name of spouse or domestic partner at time of filing. Please list last name before marriage.

First Middle Last Suffix



PARENTS' NAMES

Please list parents' last names before marriage. Washington state's system does not allow two parents with the same last name.

First Parent Name

First Middle Last Suffix

Second Parent Name

First Middle Last Suffix

YOUR NAME

First Middle Last Suffix

Email Used When Purchasing Precompose

Relationship to Beneficiary

Address (if you are not the beneficiary)

Street address, including apartment number

City State Zip/Postal Country (if not USA)

If you have questions about this form, please feel free to get in touch with us.

precompose@recompose.life | (206) 800-8733

If you would like to print out this form and mail it in rather than complete online, send it to:

Recompose
4 S. Idaho Street
Seattle, WA 98134

