Commonwealth of Massachusetts
Department of Public Health
Registry of Vital Records and Statistics
Veteran Information Worksheet for Certificate of Death

This worksheet is intended to collect information about the decedent's veteran status in the United States armed services.

The first item that you list should be the most recent service, and this will print on the face of the death certificate. You may specify up to three entries. The second entry should be the next most recent. The second and third entries will appear on the reverse of the death certificate. While all information should be provided when available, at minimum enter the War (or Peacetime) and Branch of Service.

Please print your answers neatly and accurately. The death certificate is a permanent legal document that is a record of events and information at the time of death and may not be changed later except under very limited conditions.

DECEDENT INFORMATION

Decedent's Name:

_____
First name   *Middle name*   *Surname (Last*   *Generational suffix (E.g., III)*

VETERAN INFORMATION

Is decedent a US Veteran?: ☐ Yes   ☐ No   ☐ Unknown   If yes, enter the decedent's most recent veteran information:

If US war veteran, specify war (select most recent): ☐ WWI ☐ WWII ☐ Korea ☐ Vietnam ☐ Lebanon ☐ Grenada ☐ Panama

☐ Gulf War (Desert Storm) ☐ Afghanistan (OEF) ☐ Iraq (OIF) ☐ Iraq (OND) ☐ Unknown ☐ Unclassifiable ☐ Peacetime ☐ Other

Specify Other:_____

Branch of Military (most recent): ☐ Air Force ☐ Army ☐ Army Air Force ☐ Coast Guard ☐ Marine Corps ☐ Merchant Marine ☐ Navy

☐ NOAA ☐ Public Health Service ☐ Space Force

Rank / Organization / Outfit: _____   **Service Number:** _____

Date Entered: (e.g. Mar. 15 1961) _____   **Date Discharged**: (e.g. Mar. 15 1964) _____
                                      Month   Day   Year   Month   Day   Year

If US war veteran, specify war (next most recent): ☐ WWI ☐ WWII ☐ Korea ☐ Vietnam ☐ Lebanon ☐ Grenada ☐ Panama

☐ Gulf War (Desert Storm) ☐ Afghanistan (OEF) ☐ Iraq (OIF) ☐ Iraq (OND) ☐ Unknown ☐ Unclassifiable ☐ Peacetime ☐ Other

Specify Other:_____

Branch of Military (most recent): ☐ Air Force ☐ Army ☐ Army Air Force ☐ Coast Guard ☐ Marine Corps ☐ Merchant Marine ☐ Navy

☐ NOAA ☐ Public Health Service ☐ Space Force

Rank / Organization / Outfit: _____   **Service Number:** _____

Date Entered: (e.g. Mar. 15 1961) _____   **Date Discharged**: (e.g. Mar. 15 1964) _____
                                      Month   Day   Year   Month   Day   Year

If US war veteran, specify war (next most recent): ☐ WWI ☐ WWII ☐ Korea ☐ Vietnam ☐ Lebanon ☐ Grenada ☐ Panama

☐ Gulf War (Desert Storm) ☐ Afghanistan (OEF) ☐ Iraq (OIF) ☐ Iraq (OND) ☐ Unknown ☐ Unclassifiable ☐ Peacetime ☐ Other

Specify Other:_____

Branch of Military (most recent): ☐ Air Force ☐ Army ☐ Army Air Force ☐ Coast Guard ☐ Marine Corps ☐ Merchant Marine ☐ Navy

☐ NOAA ☐ Public Health Service ☐ Space Force

Rank / Organization / Outfit: _____   **Service Number:** _____

Date Entered: (e.g. Mar. 15 1961) _____   **Date Discharged**: (e.g. Mar. 15 1964) _____
                                      Month   Day   Year   Month   Day   Year