



Independent Funeral Service

2746 South State Street
Salt Lake City, Utah 84115
801-486-2688
Fax 801-486-8986

3363 South Highway 89
Bountiful, Utah 84010
801-296-8900
e-mail bid2@juno.com

TRIB _____ DN _____ OTHER _____ PICTURE Yes No FLAG Yes No Picture Size ~ 1/2, Full, 2 Pictures(30)

1. DECEDENT'S LEGAL NAME (include AKA's, if any) (First, Middle, Last)				2. SEX		3a. DATE OF DEATH (Mo., Day, Yr.)		3b. TIME OF DEATH (24 hr. Clock)	
4. DATE OF BIRTH (Mo., Day, Yr.)		5. AGE-Last Birthday (Years)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Minutes		6. BIRTHPLACE (City & State or Foreign Country)	
4. DATE OF BIRTH (Mo., Day, Yr.)		5. AGE-Last Birthday (Years)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Minutes		7. SOCIAL SECURITY NUMBER	
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA				8a. PLACE OF DEATH (Check only one) IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> 5. Nursing Home/Long term care facility <input type="checkbox"/> 6. Decedent's Home <input type="checkbox"/> 7. Other (specify)					
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location)				8c. COUNTY OF DEATH		8d. CITY, TOWN OR LOCATION OF DEATH			
9. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Unk.		10. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Married, but separated <input type="checkbox"/> 6. Unknown		11. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)					
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired.)				12b. KIND OF BUSINESS OR INDUSTRY		13a. RESIDENCE - STREET AND NUMBER			
13b. STATE		13c. COUNTY		13d. CITY, TOWN, COMMUNITY, OR RURAL		13e. ZIP CODE		13f. INSIDE CITY LIMITS? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
14. FATHER'S NAME (First, Middle, Last)				15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)					
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip)									
17. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal			18a. DATE OF DISPOSITION			18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place)			
18c. LOCATION OF DISPOSITION - City or Town, State			19. LICENSEE NUMBER			20. FUNERAL HOME (Name and complete address)			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE									

Doctor & Address _____ Phone _____

Was Decedent of Hispanic Origin Yes No Mexican, Mexican American, Chicano Cuban Puerto Rican Other

31) Race White Black American Indian Tribe _____ Other

32) Education 8th Grade or Less 9-12; no diploma High School Diploma or GED
Collage no Degree Associate Bachelor's Master's Doctorate

Funeral Services

Day _____ Time _____ Date _____ Place _____

Address _____

Clergy/officiator _____

Friends May Call: Day _____ Time _____ AM _____ PM _____ At _____

Phone Number ~ Home _____ e-mail _____
Phone Number Cell _____ e-mail _____