



# Southern Utah Mortuary

*"Dignified and Respectful Care"*

We wish to express our sincere sympathy during this difficult time. We appreciate the trust you have put in us and allowing us to assist you. It is our desire and purpose to provide thoughtful service and care for both you and your family.

James C. Graff Richard S. Boyer Clark E. Graff Todd E. Boyer  
Coby J. Zobell Ron Bird Bryan Randall Matthew R. Hoyle

Full Name of Deceased \_\_\_\_\_

Male  Female Date of Death \_\_\_\_\_ Time \_\_\_\_\_

City of Death \_\_\_\_\_ County of Death \_\_\_\_\_

Place of Death - Name or Address \_\_\_\_\_

Inpatient  ER/Outpatient  DOA  Nursing Home  Home  Other

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City \_\_\_\_\_

Birth State \_\_\_\_\_ Birth County \_\_\_\_\_

Marital Status  never married  married  widowed  divorced

Surviving Husband or Wife (maiden) \_\_\_\_\_

Marriage Date \_\_\_\_\_ Place \_\_\_\_\_

Residence \_\_\_\_\_ Inside City Limits Y/N \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Physician or Medical Examiner \_\_\_\_\_

Race \_\_\_\_\_ Education \_\_\_\_\_

Usual Occupation \_\_\_\_\_ Industry \_\_\_\_\_

## INFORMANT \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

## SERVICE INFORMATION

Funeral Service Day & Date \_\_\_\_\_

Time \_\_\_\_\_ Location \_\_\_\_\_

Viewing Day and Date \_\_\_\_\_

Time \_\_\_\_\_ Location \_\_\_\_\_

Viewing Day and Date \_\_\_\_\_

Time \_\_\_\_\_ Location \_\_\_\_\_

Officiating \_\_\_\_\_

Internment \_\_\_\_\_

## VETERAN Yes No

War \_\_\_\_\_ Rank \_\_\_\_\_

Branch \_\_\_\_\_ File # \_\_\_\_\_ Serial # \_\_\_\_\_

Date of Enlistment \_\_\_\_\_ Place of Enlistment \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Place of Discharge \_\_\_\_\_

Honor Guard \_\_\_\_\_

## SHIPPING INFORMATION

To \_\_\_\_\_ From \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_

Airline \_\_\_\_\_ Flight \_\_\_\_\_ Date \_\_\_\_\_

Departs \_\_\_\_\_ Airport \_\_\_\_\_

Arrives \_\_\_\_\_ Airport \_\_\_\_\_

Airline \_\_\_\_\_ Flight \_\_\_\_\_ Date \_\_\_\_\_

Departs \_\_\_\_\_ Airport \_\_\_\_\_

Arrives \_\_\_\_\_ Airport \_\_\_\_\_

### Please Bring With You the Following:

**If a Veteran:** Please bring with you a copy of the service discharge. It is necessary to file for veteran benefits.

**Photograph:** Please bring a picture of the decedent for the obituary (if desired).

**Clothing:** Please bring with you underclothing and clothing (temple, street wear, etc.) you wish to have the decedent dressed in the burial.

**Funeral Service:** Prior to setting a time for the funeral service, please clear the time with the funeral director.

- \_\_\_\_\_ # of Death Certificates
- Audio – Visual – Obit Disclosure form filled out YES  NO
- Obituary Picture YES  NO  Payment ~ Family  Mortuary
- \_\_\_\_\_ Day & Date \_\_\_\_\_
- \_\_\_\_\_ Day & Date \_\_\_\_\_
- \_\_\_\_\_ Day & Date \_\_\_\_\_
- \_\_\_\_\_ Day & Date \_\_\_\_\_
- Programs Style \_\_\_\_\_ Amount \_\_\_\_\_
- \_\_\_\_\_
- Flowers \_\_\_\_\_
- \_\_\_\_\_
- Dressing/Jewelry \_\_\_\_\_
- \_\_\_\_\_
- Dispose of Personal Belongings from Transfer YES  NO
- Hair \_\_\_\_\_
- Hairdresser \_\_\_\_\_ Phone \_\_\_\_\_
- Headstone \_\_\_\_\_
- Grave Opening/Closing ~ Family  Mortuary  \_\_\_\_\_
- Casket \_\_\_\_\_ Color \_\_\_\_\_ Panel \_\_\_\_\_
- Vault \_\_\_\_\_ Color Main \_\_\_\_\_ Trim \_\_\_\_\_
- Tent & Chairs \_\_\_\_\_ yes \_\_\_\_\_ no
- Payment/Insurance \_\_\_\_\_
- Package \_\_\_\_\_
- Recording \_\_\_\_\_
- Register Book \_\_\_\_\_
- Bookmarks \_\_\_\_\_  CDs \_\_\_\_\_
- DVD's \_\_\_\_\_
- Veteran Papers Flag \_\_\_\_\_ Plaque \_\_\_\_\_
- Military honors \_\_\_\_\_ Firing Squad YES  NO

Secretary Check off List	<u>Do</u>	<u>Done</u>
Death Certificates.....	<input type="checkbox"/>	<input type="checkbox"/>
Obituary/ies.....	<input type="checkbox"/>	<input type="checkbox"/>
Scan Pictures.....	<input type="checkbox"/>	<input type="checkbox"/>
Enter		
Obit/Funeral Listing on the website.....	<input type="checkbox"/>	<input type="checkbox"/>
Case List.....	<input type="checkbox"/>	<input type="checkbox"/>
Christmas address.....	<input type="checkbox"/>	<input type="checkbox"/>
Order Vault.....	<input type="checkbox"/>	<input type="checkbox"/>
Cemetery Statistics.....	<input type="checkbox"/>	<input type="checkbox"/>
Fax to Church.....	<input type="checkbox"/>	<input type="checkbox"/>
Register Book.....	<input type="checkbox"/>	<input type="checkbox"/>
Programs/ Prayer Cards.....	<input type="checkbox"/>	<input type="checkbox"/>
Bookmarks.....	<input type="checkbox"/>	<input type="checkbox"/>
Casket Packet.....	<input type="checkbox"/>	<input type="checkbox"/>
Service Folder.....	<input type="checkbox"/>	<input type="checkbox"/>
Basket Card.....	<input type="checkbox"/>	<input type="checkbox"/>
CD's of service.....	<input type="checkbox"/>	<input type="checkbox"/>
DVD's.....	<input type="checkbox"/>	<input type="checkbox"/>
VA Papers.....	<input type="checkbox"/>	<input type="checkbox"/>
Military Honors.....	<input type="checkbox"/>	<input type="checkbox"/>
Contact for Insurance.....	<input type="checkbox"/>	<input type="checkbox"/>
Send Claim Forms.....	<input type="checkbox"/>	<input type="checkbox"/>
Enter Charges		
Computer.....	<input type="checkbox"/>	<input type="checkbox"/>
Red Book.....	<input type="checkbox"/>	<input type="checkbox"/>

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Funeral Directors letter \_\_\_\_\_

Universal Identification Number