♦ SERVICE INFORMATION ♦

☐ **FUNERAL** ☐ **MEMORIAL** ☐ **GRAVESIDE**

Bishop/Clergy: _____ Phone: _____

Day: _____ Date: _____ Time: _____

Service Location: _____

1st Visitation: Day: _____ Date: _____ Time: _____ Location: _____

2nd Visitation: Day: _____ Date: _____ Time: _____ Location: _____

Burial Place: _____
(Cemetery) (City) (Date) (Time)

♦ OBITUARY INFORMATION ♦

~ SURVIVING FAMILY ~		
Relationship	Name	City & State

~ PRECEDED IN DEATH BY ~	
Relationship	Name

Additional Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

SPILSBURY
MORTUARY & CREMATION SERVICE

110 S. Bluff Street ~ St. George, UT 84770
(435) 673-2454 Fax: (435) 673-0911
Email: office@spilsburymortuary.com
Website: www.spilsburymortuary.com

DECEASED VITAL STATISTICS INFORMATION

FIRST NAME: _____ MIDDLE: _____

LAST NAME: _____ MAIDEN: _____ ☐ Male ☐ Female

AKA: (Must differ substantially from legal name): _____

DATE OF BIRTH: _____ AGE: _____ CITY OF BIRTH: _____ STATE OF BIRTH: _____

DECEDENT'S USUAL ADDRESS: _____

CITY & STATE: _____ ZIP: _____ Inside City Limits? ☐ Yes ☐ No

PHONE at Residence: _____

SOCIAL SECURITY# _____

OCCUPATION: _____ BUSINESS/INDUSTRY: _____

(Do not use 'Retired") (Not name of Company)

DECEDENT'S FATHER: _____

DECEDENT'S MOTHER: _____ MOTHER'S MAIDEN NAME: _____

DECEDENTS'S MARITAL STATUS: ☐ Married ☐ Divorced ☐ Widowed ☐ Never Married ☐ Legally separated ☐ Unknown

NAME of DECEDENT'S SPOUSE:

First: _____ Middle: _____ Last: _____

(Spouse's Maiden Name): _____

DECEDENT A VETERAN?: ☐ NO ☐ YES: ☐ Air Force ☐ Army ☐ Marines ☐ Navy ☐ National Guard

☐ World War II ☐ Korean Conflict ☐ Vietnam ☐ Iraq Freedom ☐ Other: _____

DECEDENT OF HISPANIC ORIGIN? ☐ YES ☐ NO ☐ UNKNOWN ** IF YES, √ THE BOX THAT BEST DESCRIBES THE DECEDENT:

☐ Spanish ☐ Hispanic ☐ Latino ☐ Mexican ☐ Mexican American ☐ Chicano ☐ Cuban ☐ Puerto Rican ☐ South American

RACE :: (Check one or more races to indicate what the decedent considered themselves to be.)

☐ White ☐ Black ☐ African American ☐ Chinese ☐ Japanese ☐ Native Hawaiian ☐ Filipino ☐ Asian Indian

☐ Korean ☐ Samoan ☐ Vietnamese ☐ Guamanian ☐ Chamorro ☐ American Indian or Alaska Native: _____

☐ Other Asian: _____ ☐ Other: _____ ☐ Unknown

DECEDENT'S EDUCATION: ☐ 8th Grade or less ☐ 9th -12th Grade, no diploma ☐ High School graduate or GED

☐ Some college, but no degree ☐ Associate Degree (AA, AS) ☐ Bachelor's Degree (BA, AB, BS)

☐ Master's Degree (MA, MS, ME) ☐ Doctorate (PhD, EdD, MD, DDS, DVM, JD) ☐ None ☐ Unknown

INFORMANT INFORMATION

NAME: _____ RELATIONSHIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ HOME PHONE: _____ CELL: _____

WORK: _____ BIRTH DATE: _____ SS#: _____

EMAIL: _____

DEATH INFORMATION & DISPOSITION

(To be filled out by Funeral Home Staff)

DATE OF DEATH: _____ TIME OF DEATH: _____ (24 hour)

CITY OF DEATH: _____ COUNTY OF DEATH: _____

PLACE OF DEATH: ☐ Hospital _____ ☐ Nursing Home: _____ ☐ Residence ☐ DOA

ADDRESS: _____

→ → DR. SIGNING DEATH CERTIFICATE: _____

DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☐ Removal from State ☐ Entombment ☐ Other: _____

DATE OF DISPOSITION: _____ TIME: _____

PLACE: (Name of Cemetery or Crematory) : _____

CITY & STATE: _____