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## **DEATH CERTIFICATE FORM**

(PLEASE PRINT OR TYPE)

Full Na	ame of Deceased		middle	W			
Date of Death				<u>"maiden'</u> Date		last	
		Birthplace Social Security Number of Deceased					
Place	& Address of death						
City _	c	ounty		State	z	ip	
Serve	d in Armed forces? YES / NO	Branch of servi	ice	Discharge Pa			
Marita	l Status 1. Never married	2. Married 3.	Widowed 4. Div	orced 5. Married, b	out legally sep	parated 6. Unknown	
Name	of Spouse (INCLUDE MAIDEN NAM	IE)		Social Securit	y Number _		
Addres	ss	Ci	ty	StatePhon	e Number		
Spous	e surviving? YES / NO If no	ot, Date of Death	1PI	ace and Date of Ma	rriage		
Usual occupation (BEFORE RETIREMENT) Kind of business or industry					ndustry		
Reside	ence address			Apt. #	Inside	city limits? YES / NO	
City _	c	ounty		State	<b>Z</b>	ip	
Father	's Full Name						
Mothe	r's Full Name ( <mark>INCLUDE MAIDEN</mark>	NAME)				_	
Inforn	nant/Responsible Party			Relation	ship to Dec	eased	
Cell Phone NoHome Phone No			Email Address:				
Addres	ss		City	State	Z	ip	
Attend	ling Physician(s)		Date Last S	Seen	_Phone No		
Decede	ent of Hispanic origin? YES	/ NO Decede	ent's Race		De	ecedent's Education	
	oose the one that best describes whether	the 1.	White	2. Black or African Ame	erican 1.	8 <sup>th</sup> grade or less	
1.	is Spanish/Hispanic/Latino)  Yes, Mexican, Mexican Americ	an,	American Indian or	Alaska Native (name of	tribe) 2.	9 <sup>th</sup> -12 <sup>th</sup> grade; no diploma	
2.	Chicano Yes, Cuban	4.	Chinese	5. Japanese	3.	High School graduate or GED completed	
3.	Yes, Puerto Rican	6. 8.	Native Hawaiian Other Asian (specif	7. Filipino y)	4.	Some college credit, but no degree	
4.	Yes, other Spanish/Hispanic/ (specify)	Latino <sub>10</sub> .	Asian Indian	11. Korean	5.	Associate degree (e.g. AA, AS)	
		12. 14.		13. Vietnamese	6.	Bachelor's degree (e.g.	
			Other Pacific Island		7.	BA, AB, BS) Master's degree (e.g.	
		00.	Other (specify)		_	MA, MS, Meng, Med, MSW, MBA)	
					8.	Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)	
Signat	ure of Informant/Responsi	ole Party:			Date		

## **OBITUARY FORM**

Name in Obituary	Tribute Line:	
Cause of death (OPTIONAL)		
Personal Tributes, Activities & Accomplishments:		
Survivors:		
Tributes/Gratitude:		
FUNERAL/MEMORIAL: Date, Time, Location:		
VIEWING/VISITATION: Date(s), Time, Location:		
PLACE OF INTERMENT:		
In Lieu of Flowers:		