

THIS PAGE TO BE FILLED IN BY MORTUARY

Funeral Services at _____
 Address _____
 Time _____ Day _____ Date _____
 Officiating _____ Phone # _____ Honorarium _____
 Viewing _____
 Interment _____
 Grave _____ Opening _____

Cemetery Marker in Place: Yes No (If Yes; order dates Yes No)
 Casket / Urn _____
 Vault _____ Color _____
Copies of Death Certificate _____ **Cremation / Transit Permit:** Yes No
 Program / Prayer Cards _____ Register Book _____
Blanket: Yes No Special Instructions _____
 Group Assisting _____ Donation _____
 Flag: Yes No **Personal Effects** _____
 Clothing _____
 Hair Service _____ **DVD:** Yes No
 Vehicles - Coach: Yes No Limo: Yes No Flower Van: Yes No
 Organist _____ Soloist _____
 Songs _____
 Flowers _____

Recording - CD: Yes \$60.00 No (If Yes: Additional Copies _____) **Tape:** Yes No

Obituary Information:	Days to Run	Number of Days	Picture Column			Cost
			1 - Half	2 - Half	Full	
Standard Examiner	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Salt Lake Tribune	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Deseret News	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

ObitsUtah.com / Tributes.com _____
 Obituary Emblem: Yes No (If Yes; Flag Angel Moroni Cross Star of David Square & Compass - Masons)
Notify OPM _____ **FEGLI** _____ **CSRS** _____
 Trust / Insurance _____ Policy # _____ Amount _____
 Trust / Insurance _____ Policy # _____ Amount _____
 Date Insurance Sent _____
 Tribute Background _____ Verse _____
 Notes _____



Ogden
 845 Washington Blvd.
 Ogden, Utah 84404
 Phone: 801-399-5613
 Fax: 801-399-5624
 E-mail: office@myers-mortuary.com

Layton
 250 North Fairfield Rd.
 Layton, Utah 84041
 Phone: 801-544-0994
 Fax: 801-547-0391
 E-mail: layton@myers-mortuary.com

Brigham City
 205 South 100 East
 Brigham City, Utah 84302
 Phone: 435-723-8484
 Fax: 435-723-7170
 E-mail: myers@brigham.net

Roy
 5865 South 1900 West
 Roy, Utah 84067
 Phone: 801-825-2239
 Fax: 801-779-0129
 E-mail: roy@myers-mortuary.com

DEATH CERTIFICATE & OBITUARY REPORT FORM

Full Name of Deceased _____
 Residence _____ City _____
 County _____ State _____ Zip _____ Cause of Death _____
 Died _____, 20 _____, at _____ m. Physician _____
 Place of Death _____ City _____
 (Hospital or Address)
 County of Death _____ State _____ Military: Yes No
 Date of Birth _____ Place of Birth _____
 Social Security Number _____ Sex _____ Age _____
 Father's Name _____
 Mother's Full Maiden Name _____
 Occupation _____ Kind of Business _____
 Marital Status: Married Never Married Married but Separated Divorced Widowed Unknown

<p>WAS DECEDENT OF HISPANIC ORIGIN? (Check the "No" box if decedent is not Spanish / Hispanic / Latino.)</p> <p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown (If yes, Check the box that best describes whether the decedent is Spanish / Hispanic / Latino.)</p> <p><input type="checkbox"/> 1. Yes, Mexican American, Chicano</p> <p><input type="checkbox"/> 2. Yes, Cuban</p> <p><input type="checkbox"/> 3. Yes, Puerto Rican</p> <p><input type="checkbox"/> 4. Yes, other Spanish / Hispanic / Latino (Specify) _____</p>	<p>DECEDENT'S RACE: (Check one or more races to indicate what the decedent considered himself or herself to be.)</p> <p><input type="checkbox"/> 01. White <input type="checkbox"/> 02. Black or African American</p> <p><input type="checkbox"/> 03. American Indian or Alaska Native (Name of the enrolled or principle tribe) _____</p> <p><input type="checkbox"/> 04. Chinese <input type="checkbox"/> 05. Japanese</p> <p><input type="checkbox"/> 06. Native Hawaiian <input type="checkbox"/> 07. Filipino</p> <p><input type="checkbox"/> 08. Other Asian (Specify) _____</p> <p><input type="checkbox"/> 10. Asian Indian <input type="checkbox"/> 11. Korean</p> <p><input type="checkbox"/> 12. Samoan <input type="checkbox"/> 13. Vietnamese</p> <p><input type="checkbox"/> 14. Guamanian or Chamorro</p> <p><input type="checkbox"/> 15. Other Pacific Islander (Specify) _____</p> <p><input type="checkbox"/> 00. Other (Specify) _____</p>	<p>DECEDENT'S EDUCATION: (Check the box that best describes the highest degree or level of school completed at the time of death.)</p> <p><input type="checkbox"/> 0. None</p> <p><input type="checkbox"/> 1. 8th grade or less</p> <p><input type="checkbox"/> 2. 9th - 12th grade; no diploma</p> <p><input type="checkbox"/> 3. High School graduate or GED completed</p> <p><input type="checkbox"/> 4. Some college credit, but no degree</p> <p><input type="checkbox"/> 5. Associate degree (e.g., AA, AS)</p> <p><input type="checkbox"/> 6. Bachelor's degree (e.g., BA, AB, BS)</p> <p><input type="checkbox"/> 7. Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> 8. Doctorate (e.g., Ph.D, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> 9. Unknown</p>
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Next of Kin or Informant _____ Relationship to Deceased _____
 Street _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Social Security Number _____ E-mail _____
 Date of Birth _____ Place of Birth _____
 Father's Name _____ Mother's Maiden Name _____
 Occupation _____ Kind of Business _____

To The Best of My Knowledge, The Information Given Above Is True and Correct

Next of Kin or Informant Printed Name _____ Signature _____ Date _____

HISTORY

First Marriage: Date _____ Place _____

Husband or Wife's Maiden Name _____ Number of Years Married _____

Date of Death of Spouse _____

Second Marriage: Date _____ Place _____

Husband or Wife's Maiden Name _____ Number of Years Married _____

Date of Death of Spouse _____

Other Marriage Information _____

Veteran of: WWII Korea Vietnam Other _____ Rank _____

Branch of Service _____ Serial Number _____

Enlistment Date _____ Place _____

Discharge Date _____ Place _____

Allowance _____ Marker _____ Ship To _____

Flag _____ Veterans Cemetery Space _____

Places Lived and Length of Stay _____

Schools Attended _____

Religious Affiliation _____

Religious Activities _____

Business and Civic Activities _____

Hobbies / Interests _____

Other Information _____

Special Thanks _____

Memorial Donations _____

Preceded in Death by _____

SURVIVORS

HUSBAND or WIFE _____

SONS & DAUGHTERS

Name _____ Relation _____ E-mail _____

Address _____ Home Phone _____ Cell _____

Name _____ Relation _____ E-mail _____

Address _____ Home Phone _____ Cell _____

Name _____ Relation _____ E-mail _____

Address _____ Home Phone _____ Cell _____

Name _____ Relation _____ E-mail _____

Address _____ Home Phone _____ Cell _____

Name _____ Relation _____ E-mail _____

Address _____ Home Phone _____ Cell _____

Name _____ Relation _____ E-mail _____

Address _____ Home Phone _____ Cell _____

Name _____ Relation _____ E-mail _____

Address _____ Home Phone _____ Cell _____

Name _____ Relation _____ E-mail _____

Address _____ Home Phone _____ Cell _____

NO. GRANDCHILDREN _____ **NO. GREAT-GRANDCHILDREN** _____ **NO. GREAT-GREAT-GRANDCHILDREN** _____

PARENTS _____

GRAND PARENTS _____

BROTHERS & SISTERS

Name _____ Relation _____ E-mail _____

Address _____ Home Phone _____ Cell _____

Name _____ Relation _____ E-mail _____

Address _____ Home Phone _____ Cell _____

Name _____ Relation _____ E-mail _____

Address _____ Home Phone _____ Cell _____

Name _____ Relation _____ E-mail _____

Address _____ Home Phone _____ Cell _____

Name _____ Relation _____ E-mail _____

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