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DEATH CERTIFICATE FORM

(PLEASE PRINT OR TYPE)

Full Name of Deceased	middle	"maiden"	last
Date of Death			
Age Birthplace City & State of	or Foreign Country	ecurity Number of Deceased	
Place & Address of death			
City County		State	Zip
Served in Armed forces? YES / NO Bran	ch of service	Discharge Papers	R FLAG & HEADSTONE YES / NO
Marital Status 1. Never married 2. Marr	ried 3. Widowed 4. I	Divorced 5. Married, but lega	lly separated 6. Unknown
Name of Spouse (INCLUDE MAIDEN NAME)		Social Security Numl	ber
Address	City	StatePhone Num	ber
Spouse surviving? YES / NO If not, Dat	e of Death	Place and Date of Marriage	
		_	
Residence address		Apt. # I	nside city limits? YES / NO
City County_		State	Zip
Father's Full Name			
Mother's Full Name (INCLUDE MAIDEN NAME)			
Informant/Responsible Party			
Cell Phone No Home Pl			
Address			
Attending Physician(s)	Date Las	t Seen Phone	No.
Decedent of Hispanic origin? YES / NO			Decedent's Education
(If yes, choose the one that best describes whether the	1. White	2. Black or African American	1. 8 th grade or less
decedent is Spanish/Hispanic/Latino) 1. Yes, Mexican, Mexican American,	3. American Indian	or Alaska Native (name of tribe)	2. 9 th -12 th grade; no diploma
Chicano 2. Yes, Cuban	4. Chinese	5. Japanese	3. High School graduate or GED completed
3. Yes, Puerto Rican	6. Native Hawaiian 8. Other Asian (spe	•	4. Some college credit,
4. Yes, other Spanish/Hispanic/Latino	8. Other Asian (spe 10. Asian Indian	11. Korean	but no degree 5. Associate degree (e.g.
(specify)	12. Samoan	13. Vietnamese	AA, AS)
	14. Guamanian or Cl	namorro	 Bachelor's degree (e.g. BA, AB, BS)
	15. Other Pacific Isla	ander (specify)	7. Master's degree (e.g. MA, MS, Meng, Med,
	00. Other (specify)		MSW, MBA) 8. Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

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:	