

# Vital Statistics Worksheet

*This information is for generating a Death Certificate*



**HEARTLIGHT**  
FUNERAL SERVICES  
*Life Celebrated*

Legal Name: _____		SSN: _____
AKA If any: _____	Age: _____	Gender: _____
Marital Status: _____	Race: _____	
If Hispanic, specify: _____	If Native America, specify: _____	
Date Of Birth: _____	Place of Birth: _____	
Date of Death: _____	Time of Death (military): _____	
Place of Death: _____	Address: _____	
Father's Name: _____		
Mother's Name: _____		Mother's Maiden Name: _____
Surviving Spouse Name: _____		Spouse's Maiden Name: _____
Decedent's Residence Address: _____		
City: _____	State: _____	Zip: _____ Inside City Limits? _____
Veteran: _____ Branch of Service: _____		
Occupation: _____ Industry: _____ Education: _____		
Burial	Cremation	Donation
Other: _____	Entombment	Removal From State
Cemetery: _____	City, State: _____	Date: _____
Doctor Signing Death Certificate: _____		
Number of Death Certificates: _____		Free Online Obituary: _____
Next of Kin or Informant: _____		Relationship: _____
Address: _____		City: _____
State: _____	Zip: _____	Phone Number: _____
Home Phone: _____		Email: _____
Who may we thank for referring you to us? _____		

**Cedar City:**  
**Phone: (435) 586-3456**  
2002 North Main Street #7  
Cedar City, Utah 84721

**Washington:**  
**Phone: (435) 574-7097**  
504 W Buena Vista Blvd #2  
Washington, UT 84780

Number of Death Certificates: \_\_\_\_\_