

Blackburn Vernal Mortuary

Phone # (435) – 789 – 2611 Email: info@bvmortuary.com



Death Certificate Outline

We send your family our sincere sympathy during this difficult time. We appreciate the trust you put in us and allowing us to assist you. It is our desire and purpose to provide a thoughtful service and care for both you and your family.

Please fill in as much information as it permits.

Full Name of Deceased: _____

Place of Residence: _____ Age _____

City: _____ State: _____ Zip: _____

Male: _____ Female: _____ Social Security #: _____

Date of Death: _____

Place of Death: _____

City of Death: _____ County of Death: _____

Date of Birth: _____ Birth City: _____

Birth State: _____ Birth County: _____

Physician/ Medical Dr. _____ Time of Death _____

Race/Ethnicity: _____ Education: (1-18) _____

Usual Occupation (Not Retired): _____

Industry of Occupation: _____

Military: _____ Branch: _____

Deceased's Father's Name: _____

Deceased's Mother's Name (Maiden): _____

Marriage Status: Married _____ Widowed _____ Never Married _____ Divorced _____

Surviving Spouse (Maiden): _____

INFORMANT (Next of Kin): _____

Phone # _____ Email: _____

Relationship: _____ Address: _____