

How many Death Certificates will you need?

Property- physical (land) (# per County): _____

Life Insurance (# of policy(ies)) _____

Bank (# of Banks) _____

Credit Union (# of Credit Unions) _____

Savings Accounts (Not listed above) _____

Retirement Accounts (#): _____

Growth Funds (# of Institutions) _____

Department of Motor Vehicles MV (#) _____

(One copy per County in all States)

Utilities (Gas, Electric, Water, Cable. #) _____

Extra Credit Cards (Not Bank/Credit Union #) _____

Broker Services (# of Institutions) _____

Other

Hudson's Funeral Home & Crematory will take the following steps to get your death certificate(s) for you.

Contact the primary care physician of the deceased and determine if they, another doctor, or coroner will be signing the death certificate and listing the known cause(s) of death.

Forward the certificate electronically to the physician or coroner for their signature and listing the cause(s) of death. This time frame depends on the availability of the physician or the coroner's investigation.

Retrieve the signed electronic certificate for completion of the other state required information.

Collect the demographic data from your family that is needed to complete the death certificate. Missing information will delay the filing of the death certificate.

File the completed death certificate with the local registrar, who then registers the certificate with the State of Wyoming.

Order any 'certified copies' of the death certificate that the family needs. Certified death certificates are then mailed to the funeral home from the State of Wyoming in Cheyenne.

THERE IS NO WAY TO EXPEDITE THIS PROCESS.

Several other factors may also delay this process, some of these would include:

- ✦ Difficulty in finding a physician to sign the certificate.
- ✦ Delay in the signing of the certificate by the physician or coroner.
- ✦ Arrangements not finalized with the Funeral Home. Certificates are not generally ordered until contractual agreement has been signed by the family.
- ✦ Time frames for receiving out of state death certificates can be as long as but not limited to 2 months.

Deaths occurring without an attending physician or as a result of an accident or trauma will usually involve the county Coroner. They may be waiting for medical information, toxicology and/or autopsy findings before they sign and/or release the death certificate back to the funeral home.

As you can see, there is a lot involved in getting the death certificates for you. That's why it can take longer to get your death certificates than it feels like it should. **In general, death certificates in Wyoming may take 2 - 14 weeks.**

Should you have any further questions about this process, please ask your funeral director.

Sincerely,

The Funeral Directors & Staff

Disclaimer: This is not a complete list.

**A simple rule is that all organizations
require an Original Serial Numbered Death
Certificate. Copies may work.**

**Death Certificates are \$25 for 1st copy and
\$20 for each additional ordered at same.**

DEATH CERTIFICATE WORKSHEET

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last)				2. SEX		3. DATE OF DEATH (Mo/Day/Yr) (Spell Month)	
4. SOCIAL SECURITY NUMBER		5. AGE— Last Birthday (Years)		6. DATE OF BIRTH (Mo/Day/Yr) o Child o Adult			
7a. PLACE OF DEATH (Check Only One)							
IF DEATH OCCURED IN A HOSPITAL o Inpatient o ER/Outpatient o DOA				IF DEATH OCCURED SOMEWHERE OTHER THAN HOSPITAL o Hospice facility o Nursing Home/Long Term Care Facility o Decedent's Home o Other (Specify)			
7b. FACILITY NAME (If not institution, give street and number)				7c. CITY, TOWN, OR LOCATION OF DEATH			7d. COUNTY OF DEATH
8. BIRTHPLACE (City and State or Foreign Country)		9. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown			10. SURVIVING SPOUSE (If wife, give name prior to first marriage)		
11. EVER IN U.S. ARMED FORCES? ☐ YES ☐ NO Branch:		12a. RESIDENCE—STATE		12b. COUNTY		12c. CITY, TOWN OR LOCATION	
12d. Physical address:				12e. ZIP CODE		12f. INSIDE CITY LIMITS ☐ YES ☐ NO	
13. FATHER'S NAME (First, Middle, Last)				14. MOTHER'S FULL NAME PRIOR TO FIRST MARRIAGE (First, Middle, Maiden, Last)			
15a. INFORMANT'S NAME		15b. RELATIONSHIP TO DECEDENT		15c. MAILING ADDRESS (Street and Number, City, State, Zip Code)			
Home Phone		Cell Phone		Email or other contact information			
16. METHOD OF DISPOSITION ☐ Burial ☐ Donation ☐ Removal from Wyoming ☐ Cremation ☐ Entombment ☐ Other			17a. PLACE OF DISPOSITION (Name of Cemetery or Crematory)			17b. LOCATION— CITY OR TOWN AND STATE	
18a. SIGNATURE OF FUNERAL SERVICE LICENSEE		18b. LICENSE NO.	19a. Name of Facility Hudson's Funeral Home & Crematory			19b. ADDRESS OF FACILITY 680 Mount Hope Drive, Lander, WY 82520	
20. ACTUAL OR PRESUMED TIME OF DEATH		21. DATE PRONOUNCED DEAD (Mo/Day/Yr)		22. TIME PRONOUNCED DEAD		23. WAS CORONER CONTACTED? ☐ YES ☐ NO	
37a. CERTIFIER (Check only one) ☐ PHYSICIAN ☐ CORONER _____							
39. DECEDENT'S EDUCATION ☐ 8th grade or less (includes none) ☐ 9th-12th grade, but no diploma ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associate degree (e.g. AA, AS) ☐ Bachelor's degree (e.g. AB, BA, BS) ☐ Master's degree (e.g. MA, MBA, MEd, MS, MSW) ☐ Doctorate or professional degree (e.g. DDS, DO, DVM, EdD, JB, LLB, MD, PhD)		40. DECEDENT OF HISPANIC ORIGIN? ☐ No, not Spanish/Hispanic/Latino. ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (Specify) _____			41. DECEDENT'S RACE ☐ White ☐ Black or African American ☐ American Indian or Alaska Native (Name of enrolled or principal tribe) _____ ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (Specify) _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoa ☐ Other Pacific Islander (Specify) _____ ☐ Other (Specify) _____		
42a. DECEDENT'S USUAL OCCUPATION		42b. KIND OF BUSINESS/INDUSTRY					
Notes:							
Casket Selected: _____		Urn (s) Selected: _____			Vault Type: _____		
Date Ordered: _____ Date Received: _____		_____			Date Ordered: _____		
# of Certified DC's _____ Cost: _____		Recipient Name : _____			Delivered Picked Up Mailed		
Date Ordered _____ By: _____		Call when in #: _____ Date Called: _____			Date DC signed MD: _____		
Date Received _____		Mail to: _____ Date mailed: _____			Date DC signed FH: _____		

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