Spanish Fork ☐
187 South Main
Spanish Fork, Utah 84660
801-798-2169
walkermortuary@gmail.com

WALKER
FUNERAL HOME & CREMATION CENTER

☐ **Payson**
587 South 100 West
Payson, Utah 84651
801-465-3846
walkermortuary2@gmail.com

Arrangement Information Case#_____

Deceased Full Name_____

AKA _____

Address_____

City_____State_____Zip Code_____

Decedent's Race_____Citizen_____

Sex: ☐ Male ☐ Female

Death Certificate Information

Education: (Check one) ☐ 8th Grade or Less ☐ 9th-12, no diploma ☐ High School Graduate/GED
☐ Some College Credit, no degree ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate Degree

Social Security Number_____

Date of Birth _____Age_____

Birthplace_____

Father's Full Name_____

Mother's Full Maiden Name_____

Occupation Information

Decedent's Usual Occupation_____

Kind of Business or Industry_____

Veteran or Military Service ☐ No ☐ Yes

Branch of Service_____ Military Rites ☐ No ☐ Yes

War Served In:_____ Flag ☐ Draped ☐ Folded

Please provide discharge papers to Funeral Home when possible

Number of Death Certificates Needed_____

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Decedent's Marital Status: (check one) ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Married, but separated ☐ Unknown

Spouse_____

Date Of Marriage_____ Place of Marriage_____

Spouse Date of Death/Divorce, (if applicable)_____

Previous Spouse(s) ☐ Yes (list in notes) ☐ No

Next of Kin or Person Providing Information

Next of Kin_____ Relationship_____

Address_____ City_____ State_____ Zip_____

Phone_____ Email_____

Informant_____ Relationship_____

Address_____ City_____ State_____ Zip_____

Phone_____ Email_____

Information for Death Certificate

Date of Death_____ Time of Death_____

Place of Death_____

If Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA

Address_____ City_____ State_____ Zip_____

Doctor Information

Certifier of Death Certificate_____

Hospice Group (if applicable)_____

Address_____ Phone_____

Notes

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