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DECEASED VITAL STATISTICS INFORMATION

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_ ☐ Male ☐ Female  
AKA: (Must differ substantially from legal name): \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_  
DECEDENT'S USUAL ADDRESS: \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Inside City Limits? ☐ Yes ☐ No  
PHONE at Residence: \_\_\_\_\_  
SOCIAL SECURITY# \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ BUSINESS/INDUSTRY: \_\_\_\_\_  
(Do not use 'Retired') (Not name of Company)  
DECEDENT'S FATHER: \_\_\_\_\_  
DECEDENT'S MOTHER: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_  
DECEDENTS'S MARITAL STATUS: ☐ Married ☐ Divorced ☐ Widowed ☐ Never Married ☐ Legally separated ☐ Unknown  
NAME of DECEDENT'S SPOUSE: \_\_\_\_\_  
First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
(Spouse's Maiden Name): \_\_\_\_\_  
DECEDENT A VETERAN?: ☐ NO ☐ YES: ☐ Air Force ☐ Army ☐ Marines ☐ Navy ☐ National Guard  
☐ World War II ☐ Korean Conflict ☐ Vietnam ☐ Iraq Freedom ☐ Other: \_\_\_\_\_  
DECEDENT OF HISPANIC ORIGIN? ☐ YES ☐ NO ☐ UNKNOWN \*\* IF YES, ✓ THE BOX THAT BEST DESCRIBES THE DECEDENT:  
☐ Spanish ☐ Hispanic ☐ Latino ☐ Mexican ☐ Mexican American ☐ Chicano ☐ Cuban ☐ Puerto Rican ☐ South American  
RACE :: (Check one or more races to indicate what the decedent considered themselves to be.)  
☐ White ☐ Black ☐ African American ☐ Chinese ☐ Japanese ☐ Native Hawaiian ☐ Filipino ☐ Asian Indian  
☐ Korean ☐ Samoan ☐ Vietnamese ☐ Guamanian ☐ Chamorro ☐ American Indian or Alaska Native: \_\_\_\_\_  
☐ Other Asian: \_\_\_\_\_ ☐ Other: \_\_\_\_\_ ☐ Unknown  
DECEDENT'S EDUCATION: ☐ 8<sup>th</sup> Grade or less ☐ 9<sup>th</sup> -12<sup>th</sup> Grade, no diploma ☐ High School graduate or GED  
☐ Some college, but no degree ☐ Associate Degree (AA, AS) ☐ Bachelor's Degree (BA, AB, BS)  
☐ Master's Degree (MA, MS, ME) ☐ Doctorate (PhD, EdD, MD, DDS, DVM, JD) ☐ None ☐ Unknown

INFORMANT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
WORK: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SS#: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

DEATH INFORMATION & DISPOSITION

(To be filled out by Funeral Home Staff)

DATE OF DEATH: \_\_\_\_\_ TIME OF DEATH: \_\_\_\_\_ (24 hour)  
CITY OF DEATH: \_\_\_\_\_ COUNTY OF DEATH: \_\_\_\_\_  
PLACE OF DEATH: ☐ Hospital ☐ Nursing Home: \_\_\_\_\_ ☐ Residence ☐ DOA  
ADDRESS: \_\_\_\_\_  
→ → DR. SIGNING DEATH CERTIFICATE: \_\_\_\_\_

DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☐ Removal from State ☐ Entombment ☐ Other: \_\_\_\_\_  
DATE OF DISPOSITION: \_\_\_\_\_ TIME: \_\_\_\_\_  
PLACE: (Name of Cemetery or Crematory) : \_\_\_\_\_  
CITY & STATE: \_\_\_\_\_