



## Decedent demographic form to register a death record

This form is to be completed and signed by the informant providing the information.  
All information is required.

As part of this form you will be asked to provide information about the decedent and personal information about yourself. Your personal information will be used to register the death, follow-up with you if there are any questions or additional information is needed, and becomes part of the official death record and certificate. If you do not provide the information on this form, we will be unable to register the death record. Your information will not be sold. Your information may be shared with the funeral home, medical examiner, and individuals who have a direct, tangible, and legitimate interest in the record as outlined in [Utah Code 28B-8-125](#).

### Legal consequences for false information on death certificates

**Providing false information on a death certificate is a serious offense in Utah.**

Under Utah Code § 76-8-511, an individual commits the offense of falsification or alteration of a government record if they knowingly make a false entry in or falsely alter any government record. This is classified as a Class B misdemeanor.

Offenses may result in criminal penalties, including fines and imprisonment, as well as civil penalties. For example, making false statements on vital records application forms or fraudulently obtaining a death certificate can lead to a civil penalty of up to \$5,000 and up to five years in prison.

#### 1. What is the decedent's current full legal name?

First name:	
Middle name:	
Last name:	Suffix:

#### 2. Did the deceased go by an alias (AKA)? If no leave blank

AKA 1:
AKA 2:

#### 3. What is the decedent's sex?

- ☐ Male  
☐ Female  
☐ Unknown

#### 4. What is the decedent's date of birth?

MM/DD/YYYY:
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#### 5. What was the decedent's age at last birthday?

Age:		
If age is under 1 year old list the	Months:	Days:
If age is under 1-day old list the	Hours:	Minutes:



**6. What is the decedent's social security number?**

SSN#:
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**7. Where was the decedent born?**

City:
State:
County:

**8. Was the decedent ever in the United States Armed Forces?**

- ☐ Yes  
☐ No  
☐ Unknown

**9. Does the decedent have surviving children under the age of 18 years old?**

- ☐ Yes  
☐ No  
☐ Unknown

**10. What was the marital status of the decedent at the time of death?**

- ☐ Never married  
☐ Married  
☐ Married but separated  
☐ Divorced  
☐ Widowed  
☐ Unknown

**11. If married, what is the spouse's name? Give last name prior to first marriage (maiden name).**

First name:	
Middle name:	
Last name:	Suffix:

**12. What was the decedent's usual occupation?**

Type of work done during most of the decedent's work life. **Do not list "retired"**.  
(e.g. High school teacher, airman 1st class, electronics assembler, cashier)

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**13. In what business or industry did the decedent usually work?**

**Do not list the name of the company/business.** (e.g. High school, hospital, air force, manufacturing, insurance company, retail department store, grocery store)

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**14. What is the decedent's level of 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 credit but no degree
- ☐ Associate degree (AA, AS)
- ☐ Bachelor's degree (BA, AB, BS)
- ☐ Master's degree (MA, MS, Meng, Med, MSW, MBA)
- ☐ Doctorate (PhD, EdD, or professional degree (e.g. MD, DDS, DVM, LLB, JD)
- ☐ Unknown

**15. Is the decedent of Hispanic origin? (Check NO if the decedent is not Spanish/Hispanic/Latino)**

- ☐ Yes
- ☐ No
- ☐ Unknown
  
- ☐ Mexican, Mexican American, Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ South American
- ☐ Other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Colombian)

**Specify:** \_\_\_\_\_

**16. What is the decedent's race? (Check all boxes that apply)**

- ☐ White
- ☐ Black or African American
- ☐ Chinese
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Filipino
- ☐ Asian Indian
- ☐ Korean
- ☐ Samoan
- ☐ Vietnamese
- ☐ Guamanian or Chamorro
- ☐ American Indian or Alaska Native- **specify tribe:** \_\_\_\_\_
- ☐ Other Asian-**specify:** \_\_\_\_\_
- ☐ Other Pacific Islander-**specify:** \_\_\_\_\_
- ☐ Other-**specify:** \_\_\_\_\_
- ☐ Unknown



**17. Where did the decedent usually live?**

Street address:
City:
State:
Country if outside of the US:
Zip code:

Inside the city limits? (yes/no/unknown):
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**18. What is the decedent's father's name?**

First name:	
Middle name:	
Last name:	Suffix:

**19. What is the decedent's mother's name? (prior to first marriage/maiden name)**

First name:	
Middle name:	
Maiden last name:	Suffix:

**20. What is the informant's name?**

First name:	
Middle name:	
Last name:	Suffix:

**21. What is your (informant) relationship to the decedent?**

(e.g. spouse, child, stepchild, sibling, parent, stepparent, guardian, companion, trustee, attorney, friend, neighbor, caregiver)

Relationship:
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**22. What is your (informant) mailing address and phone number?**

Street address or PO box:
City:
State:
Country if outside of the US:
Zip code:
Phone number:

**By signing this form, I, the informant, agree that the information I have provided is true and correct to the best of my knowledge and without purposely falsifying any information.**

**Informant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Informant's printed name:** \_\_\_\_\_

**Funeral home agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Funeral home agent's printed name:** \_\_\_\_\_

Funeral home notes: (office use only)

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