

Death Record Form Instructions

(For Dispositioners – Download a printable copy)

UDOH ovrs0146 revision 08172015

1 – Decedent's Legal Name

Enter the first, middle and last name of the person whose death is being reported.

Suffix – Enter the suffix of the person whose death is being reported. (e.g. Jr., Sr., I, II, III, etc.) if applicable.

2 – Sex

Enter Male or female.

3 – Date of Death (Month, Day, Year)

Enter the exact number of the month, day and year that the death occurred.

A death that occurs around midnight (2400 hours) should be considered to have occurred at the end of the day rather than the beginning of the next.

For instance, the date for a death that occurs at midnight on December 31 should be recorded as December 31.

4 – City/Town of Death

Enter the name of the city, town or location where the death occurred.

5 – County of Death

Enter the name of the county where death occurred

6 – Date of Birth

Enter the exact number of the month, day, and year that the decedent was born.

7 – Social Security Number

Enter the social security number of the decedent.

8 – AKA

If the deceased person had an alias, it should be preceded with A.K.A. (Also Known As).

If decedent's name is substantially different from the legal name, enter AKA.

For example, Samuel Langhorne Clemens AKA Mark Twain.

Nicknames are not considered an alias.

9- Age

Enter the decedent's exact age in years at his or hers last birthday.

If decedent was under 1 year:

If the infant as between one and eleven months, give the age in completed months.

If decedent was under 1 day:

If the infant was between one and twenty-three hours, list the age in hours. If the infant was less than one hour, give the age in minutes.

10 – Decedent's Place of Birth

If the decedent was born in the United States or Canada, enter the name of the State or Canadian Province of birth.

If the decedent was not born in the United States or Canada, enter the name of the country of birth whether or not the decedent was a citizen at the time of death.

11. – Was the Decedent Ever in the Armed Forces

If the decedent was ever in the U.S. Armed Forces, check "Yes", if not, check "No" or "Unknown".

12 – Marital Status

Check the appropriate box to indicate the marital status of the deceased at the time of death.

If the deceased had filed for divorce, but is not yet final, the marital status should be marked as "Married".

13 - Surviving Spouse's Name

If the decedent was married at the time of death, enter the full name of the surviving spouse (Prior to first marriage).

If the decedent was divorced, widowed, or never married, leave this item blank.

14 - Occupation

Questions concerning occupation and industry must be completed for all decedents 14 years of age or older.

Give the kind of work done during most of working life. DO NOT enter Retired.

Enter the usual occupation of the decedent. "Usual Occupation" is the kind of work the decedent did during most of his or her working life such as: Claim Adjuster, Farmhand, Coal Miner, Janitor, Store Manager, College Professor.

If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation.

If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter "Homemaker".

Enter "Student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

15 - Kind of Business/Industry

Enter the kind of business or industry to which the occupation listed above is related, such as: Insurance, Farming, Coal Mining, Hardware Store, Retail Clothing, University. DO NOT enter firm or organization name.

If the decedent was a homemaker during his or her working life and "Homemaker" is entered as the decedent's occupation above, enter "Own Home".

If the decedent was a student at the time of death and "Student" is entered as decedent's usual occupation above, enter the type of school, such as: "High School" or "College".

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16 - Residence of Decedent

The residence of the decedent is the place where his or her household is located.

The street address, apartment number, state, city, county and zip code should be for the place where the decedent actually lived most of the time.

A PO Box should Not be entered.

If the decedent was not a resident of the United States, enter the name of the country.

Mark "Yes" in Inside City Limits, if decedent's residence is believed to be within the city or community limits or boundaries, otherwise, mark "No" or "Unknown".

17 - Parent's Name or Father Prior to First Marriage

Enter the first, middle, last name and suffix of the parent or father of the decedent.

18 - Parent's Name or Mother Prior to First Marriage

Enter the first, middle, last name and suffix of the parent or mother of the decedent

19 - Name, Relationship and Mailing Address of Informant

Enter the first, middle, last name and suffix of the person who supplied the personal facts about the decedent and his or her family.

Enter the relationship to decedent.

Enter complete mailing address of the informant.

21 - Decedents Race

Check the race of the decedent. For American Indians, enter name of principal tribe.

For Asians and Pacific Islanders, check the box indicating the national origin of the decedent.

If the decedent was of mixed race, multiple races may be checked.

22 - Decedents Education

Check the highest number of years of regular schooling completed by the decedent.

Check only those years of school completed.

23 - Time of Death

Enter the exact time of death as recorded by the 24-hour clock.

24 - Date Deceased Was Last Attended By Certifying Physician or Agent

Enter the month, day, and year that the decedent was last attended by the certifying physician.

Dates attended by Home Health Care Givers, Physicians Assistants, Hospice Personnel, etc. are acceptable last attended dates and if within 30 days of the date of death do not need to be reported to the Medical Examiner.

25 - Place of Death

The place where the death is pronounced should be considered the place where death occurred.

If the decedent died at a hospital, the patient status should be indicated.

If the decedent was an admitted patient at the hospital, check "Inpatient".

If the decedent as alive in the Emergency Room or Outpatient Clinic check "ER/Outpatient".

If the decedent was determined to be Dead on Arrival at the hospital, check Dead on Arrival.

If the Death occurred in a hospital, enter the name of the hospital.

If the decedent was determined to be DOA at the location where ambulance or other vehicle picked up the body, DO NOT check DOA. In this case check the Other box and specify.

26 - Death Occurred Somewhere Other Than A Hospital

If the death occurred in a Nursing Home or Care Facility, check appropriate box.

If the death occurred at the decedents home, check appropriate box.

If the death occurred at some other residence in Utah indicate in other/specify.

Facility Name - If the death occurred at decedents home you may enter house number and street name/number.

If the death occurred outside a facility, enter the number and street name of the place, or a description of a rural area.

27 - Method of Disposition

Check the corresponding box to the method of disposition of the decedent's body.

28 - Date of Disposition

Enter the exact number of the month, day and year of burial or other disposition of the decedent.

29- Place of Disposition

Enter the name of the cemetery, crematory, or other place of disposition.

30 - Location of Disposition

Enter the state and city where the place of disposition is located.

31 - Name of Physician Certifying Death

Enter the name, address and phone number of the physician responsible for completing and certifying cause of death.

32 - Was the Medical Examiner Contacted?

If the death was reported to the Medical Examiner's Office. Enter "Yes", "No" or "Unknown". If "Yes" enter the full ME Case Number given and date.

Death Record Form
(For Dispositioners – Download an interactive and printable form)
UDOH ovrs0145 revision 08042010

Dispositioner Information:

Name of Dispositioner

First

Middle

Last Suffix

Relationship to the Decedent _____

Address Information: **(PO BOX should not be entered)** _____

Address Apartment #

State City Zip Country if Outside the US

Phone Number: _____ - _____ - _____

Decedent Information:

1. Decedent's Legal Name

First

Middle

Last Suffix

2. Sex Male Female

3. Date Of Death _____, _____
Month Day Year

4. City of Death _____

5. County of Death _____

6. Date of Birth _____, _____
Month Day Year

7. Social Security Number: _____ - _____ - _____

8. AKA _____
(The AKA should be substantially different than the Legal Name. Nicknames are not considered an alias.)

9. Age at Last Birthday _____
Year

If Under 1 Year _____
Months Days

If Under 1 Day _____
Hours Minutes

10. Place Of Birth

State and City or Canadian Province or Foreign Country

11. Decedent ever in the United States Armed Forces Yes No Unknown

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12. Marital Status of the Deceased

Never Married	Divorced
Married	Married, but Separated
Widowed	Unknown

13. Spouse's Name – Name Prior to First Marriage

First

Middle

Last

Suffix

14. Decedent's Usual Occupation

Indicate the type of work done during most of the decedent's working life.

DO NOT USE RETIRED. (e.g. High School Teacher, Airman 1st Class, Electronic Assembler)

15. In What Business or Industry did the Decedent Usually Work

(e.g. High School, Hospital, Air Force, Manufacturing, Computers, Retail – Department Store, Grocery Store)

16. Where did the Decedent Usually Live **(PO BOX should not be entered)**

Address

Apartment #

State

City

Zip

Country if outside the US

Inside City Limits

Yes

No

Unknown

17. Parent or Father's Name (Prior to First Marriage)

First

Middle

Last

Suffix

18. Parent or Mother's Name (Prior to First Marriage)

First

Middle

Last

Suffix

19. Informant's Name

First

Middle

Last

Suffix

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Informant's Relationship to the Decedent _____

Informant's Mailing Address

Address _____ Apartment # _____

State _____ City _____ Zip _____ Country if Outside the US _____

20. Is Decedent Of Hispanic Origin?

Yes No Unknown

(If YES, Check The Box That Best Describes Whether The Decedent Is Spanish/Hispanic/Latino)

Mexican, Mexican American Chicano Puerto Rican
Cuban South American
Other Spanish/Hispanic/Latino
(Specify) _____

21. Decedent's Race

(Check One Or More Races To Indicate What The Decedent Considered Him/Herself To Be)

White	Korean	Other Asian
Black or African American	Samoan	(Specify) _____
Chinese	Vietnamese	Other Pacific Islander
Japanese	Guamanian Or Chamorro	(Specify) _____
Native Hawaiian	American Indian Or Alaska	Other
Filipino	Native/ Name Of Principal	(Specify) _____
Asian Indian	Tribe _____	Unknown

22. Decedent's Level of Education

8 th Grade or Less	Some College Credit but No Degree	Doctorate (PhD, EdD, Or Professional Degree)
9 th – 12 th Grade, Less – No	Associate Degree (AA, AS)	(MD, DDS, DVM, LLB, JD)
Diploma	Bachelor's Degree (BA, AB, BS)	None
High School Graduate or	Master's Degree (MA, MS, ME)	Unknown
GED Completed		

Death and Dispositioner Information:

23. Decedents Time of Death _____: _____ 24-Hour Clock

24. Date Deceased Last Attended by Physician or Agent

Month _____, Day _____, Year _____

Place of Death:

25. Did Death Occur in a Hospital

Inpatient Emergency Room/Outpatient Dead on Arrival

Facility Name _____

26. Did the Death Occur Somewhere other than a Hospital

Nursing Home/ Assisted Living Decedent's Home Other (Specify) _____

Facility Name _____

(If Outside a Facility, Give Street Address of Location)
