

How to file a death record

Utah law allows families to care for their dead without the services of a licensed funeral director. Families that do not retain a funeral director must file a death certificate and comply with state laws and rules regarding the disposition of human remains. ([Utah Code 26B-8-114 \(4\)\(a\)\(b\)](#)).

Filing a death record

A death certificate must be filed within five days of death and before final disposition of the deceased's remains. ([Utah Code 26B-8-114 \(1\)\(a\)](#)).

A burial transit permit is required before removing remains from the place of death (hospital, nursing home, home, etc.) [R436-8-2\(4\)](#).

A cremation permit and review by the Office of the Medical Examiner is required if you plan cremation or removal of remains from the state of Utah.

Complete (but **do not** sign) the death record processing form to begin the death record filing process. The form must be signed in the presence of a local health department staff member. The death record processing form must be returned to the vital records office in the local health department that serves the county where the death occurred. For assistance or questions regarding the filing of a death record, contact the local health department vital records office, or contact the state Office of Vital Records and Statistics.

Information to file as a dispositioner

You will need to appear in person at the vital records office at the local health department for the county where the death occurred. Be prepared with the following information about the deceased:

1. Full name of deceased
2. Time of death
3. Date of death
4. Place of death
5. Date of birth
6. Place of birth
7. Social Security number
8. Did deceased serve in the US armed forces

9. Marital status
10. Spouse's name (prior to first marriage)
11. Occupation
12. Residence address
13. Names of parents
 1. Parent or father's name (prior to first marriage)
 2. Parent or mother's name (prior to first marriage)
14. Level of education completed
15. Place of burial or disposition
16. Name, address, and phone number of certifying physician

Certification of the cause of death must be obtained from the attending physician and in some cases, the Office of the Medical Examiner before the death record can be registered. Once you have obtained medical certification the death record will be filed, registered, and necessary permits will be issued.

R436. Health and Human Services, Data, Systems and Evaluation, Vital Records and Statistics.

R436-8. Authorization for Final Disposition of Deceased Persons.

R436-8-1. Purpose and Authority.

(1) This rule sets forth the requirements for the removal, transportation, and preservation of bodies of deceased persons. It also provides for the authorization for disinterment and reinterment of dead bodies.

(2) Authority for this rule is found in Sections 26B-8-114 and 26B-8-120.

R436-8-2. Removal of Body.

Before removing a dead body or fetus from the place of death, the funeral director or person acting as such shall:

(1) Obtain permission from the next of kin or the custodian of the remains to remove the body or fetus from the place of death, and obtain assurance from the attending physician that death is from natural causes, and that the physician will assume responsibility for certifying to the cause of death or fetal death.

(2) Determine whether the medical examiner has been notified if the death comes within their jurisdiction.

(3) If the medical examiner has not been notified or if that fact is unknown, make the notification and obtain authorization to remove the body.

(4) When the dead body or fetus is being removed from the hospital or other place of death by the next of kin or other person acting as the funeral director, the hospital or other custodian of the body may not release the body until they are presented with a burial-transit permit issued by the appropriate local registrar or the State Registrar.

R436-8-3. Transportation of Dead Bodies.

(1) Any body shipped by common carrier must be embalmed by a licensed embalmer in a manner approved by the State Board of Embalming.

(2) The body must be placed in either:

(a) a sound casket enclosed in a strong outside shipping case; or

(b) a metal container specifically designed for this purpose.

(3) If the body cannot be embalmed or is in a state of decomposition, it may be shipped only after enclosure in an air-tight metal casket encased in a strong outside shipping case, or in a sound casket encased in an air-tight metal, or metal-lined shipping case.

(4) When a body is to be transported by common carrier, the burial-transit permit shall be attached to the shipping case.

(5) A body transported by means other than a common carrier must be encased in a container, such as a plastic bag, that ensures against seepage of fluid and the escape of odors.

(6) Bodies transported by a licensed funeral director in a vehicle used for such purpose do not need to be encased.

(7) If a dead body is to be transported by means other than a common carrier and for a purpose other than preparation or storage, the burial-transit permit shall be attached to the container in which the body is enclosed or in the possession of the person transporting the body.

R436-8-4. Preservation of Bodies.

No human body may be held in any place or be in transit more than 24 hours after death and pending final disposition, unless either maintained at a temperature of not more than 40 degrees Fahrenheit. or embalmed by a licensed embalmer in a manner approved by the State Board of Embalming, or by an embalmer licensed to practice in the state where the death occurred.

R436-8-5. Authorization for Disinterment and Reinterment.

(1) An authorization for disinterment and reinterment of a dead body or cremated remains shall be issued by the local registrar of the district where the body or cremated remains are interred or by the State Registrar, upon receipt of a written application signed by the next of kin and the person who is in charge of the disinterment, or upon receipt of an order of a court of competent jurisdiction directing such disinterment.

(2) If the next of kin disagree regarding the disinterment, the State Registrar may require a court order before issuing the disinterment permit.

(3) Upon the relocation of a cemetery, the State Registrar or local registrar may issue a single disinterment permit to allow for mass disinterment of the bodies and cremated remains located in the cemetery. Before the issuance of this permit, the registrar must receive written agreement that as far as possible, the remains of each body will be identified and the place of disinterment and reinterment will be specified and provided to the sexton of the cemetery where reinterment occurs.

(4) A dead body properly prepared by an embalmer or a dead body properly cremated by a licensed crematorium and deposited in a receiving vault shall not be considered a disinterment when removed from the vault for final disposition.

R436-8-6. Penalty for Transporting Dead Body or Fetus Without a Burial Transit Permit, Noncompliance with Preservation of Body Requirements, or Disinterment or Reinterment Without Authorization.

An individual violates this rule and is subject to the penalties provided in Section 26B-1-224, including both administrative and civil penalties if they:

- (1) transport a dead body or fetus without a Burial-Transit Permit, or licensure as a funeral director;
- (2) do not comply with body preservation requirements; or
- (3) disinter or reinter a dead body or fetus without authorization.

KEY: vital statistics, permits, funeral industries

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Authorizing, and Implemented or Interpreted Law: 26B-8-120; 26B-8-121; 26B-1-224

Effective 1/1/2026

26B-8-114. Certificate of death -- Execution and registration requirements -- Information provided to lieutenant governor.

- (1) (a) A certificate of death for each death that occurs in this state shall be filed with the local registrar of the district in which the death occurs, or as otherwise directed by the state registrar, within five days after death and prior to the decedent's interment, any other disposal, or removal from the registration district where the death occurred.
(b) A certificate of death shall be registered if the certificate of death is completed and filed in accordance with this part.
- (2) (a) If the place of death is unknown but the dead body is found in this state:
 - (i) the certificate of death shall be completed and filed in accordance with this section; and
 - (ii) the place where the dead body is found shall be shown as the place of death.(b) If the date of death is unknown, the date shall be determined by approximation.
- (3) (a) When death occurs in a moving conveyance in the United States and the decedent is first removed from the conveyance in this state:
 - (i) the certificate of death shall be filed with:
 - (A) the local registrar of the district where the decedent is removed; or
 - (B) a person designated by the state registrar; and
 - (ii) the place where the decedent is removed shall be considered the place of death.(b) When a death occurs on a moving conveyance outside the United States and the decedent is first removed from the conveyance in this state:
 - (i) the certificate of death shall be filed with:
 - (A) the local registrar of the district where the decedent is removed; or
 - (B) a person designated by the state registrar; and
 - (ii) the certificate of death shall show the actual place of death to the extent it can be determined.
- (4) (a) Subject to Subsections (4)(d) and (10), a custodial funeral service director or, if a funeral service director is not retained, a dispositioner shall sign the certificate of death.
(b) The custodial funeral service director, an agent of the custodial funeral service director, or, if a funeral service director is not retained, a dispositioner shall:
 - (i) file the certificate of death prior to any disposition of a dead body or fetus; and
 - (ii) obtain the decedent's personal data from the next of kin or the best qualified person or source available, including the decedent's social security number, if known.(c) The certificate of death may not include the decedent's social security number.
(d) A dispositioner may not sign a certificate of death, unless the signature is witnessed by the state registrar or a local registrar.
- (5) (a) Except as provided in Section [26B-8-115](#) or when inquiry is required by Part 2, Utah Medical Examiner, a health care professional who was in charge of the decedent's care for the illness or condition which resulted in death shall complete, sign, and return the medical section of the certificate of death within three business days from the day on which the death occurred to:
 - (i) the funeral service director; or
 - (ii) if a funeral service director is not retained, a dispositioner.(b) In the absence of the health care professional or with the health care professional's approval, the certificate of death may be completed and signed by an associate physician, the chief medical officer of the institution in which death occurred, or a physician who performed an autopsy upon the decedent, if:
 - (i) the person has access to the medical history of the case;
 - (ii) the person views the decedent at or after death; and
 - (iii) the death is not due to causes required to be investigated by the medical examiner.

- (c) When completing the immediate cause of death section of a certificate of death, a health care professional may indicate that the immediate cause of death is unknown if the immediate cause of death is unknown.
- (d) The department shall create instructions for completing a certificate of death that inform a health care professional that the health care professional may indicate that the immediate cause of death is unknown in accordance with Subsection (5)(c).
- (e) (i) The department shall develop and maintain an online system that allows the health care professional that is required to complete the death certificate to complete a death certificate online.
 - (ii) The online system described in Subsection (5)(e)(i) shall:
 - (A) allow a health care professional completing a death certificate to choose a diagnoses for the cause of death from a list of commonly used International Classification of Diseases codes or a similar system of medical diagnoses codes;
 - (B) notify the health care professional in real time whether the completed death certificate will be considered complete and correct or whether the medical examiner may need to review the death certificate;
 - (C) if the death certificate is filled out in a manner that requires further review by the medical examiner, provide information to the health care provider indicating which portions of the death certificate may require further review; and
 - (D) if the death certificate requires further review, notify the health care provider in real time that the family may be subject to a fee described in Section [26B-8-230](#) if the family chooses to cremate or otherwise make the body unavailable for postmortem investigation and the amount of the fee that the family of the decedent may need to pay.
- (6) When death occurs more than 365 days after the day on which the decedent was last treated by a health care professional, the case shall be referred to the medical examiner for investigation to determine and certify the cause, date, and place of death.
- (7) When inquiry is required by Part 2, Utah Medical Examiner, the medical examiner shall make an investigation and complete and sign the medical section of the certificate of death within 72 hours after taking charge of the case.
- (8) If the cause of death cannot be determined within 72 hours after death:
 - (a) the medical section of the certificate of death shall be completed as provided by department rule;
 - (b) the attending health care professional or medical examiner shall give the funeral service director, or, if a funeral service director is not retained, a dispositioner, notice of the reason for the delay; and
 - (c) final disposition of the decedent may not be made until authorized by the attending health care professional or medical examiner.
- (9) (a) When a death is presumed to have occurred within this state but the dead body cannot be located, a certificate of death may be prepared by the state registrar upon receipt of an order of a Utah court.
 - (b) The order described in Subsection (9)(a) shall include a finding of fact stating the name of the decedent, the date of death, and the place of death.
 - (c) A certificate of death prepared under Subsection (9)(a) shall:
 - (i) show the date of registration; and
 - (ii) identify the court and the date of the order.
- (10) It is unlawful for a dispositioner to charge for or accept any remuneration for:
 - (a) signing a certificate of death; or
 - (b) performing any other duty of a dispositioner, as described in this section.
- (11) The state registrar shall, within five business days after the day on which the state registrar or local registrar registers a certificate of death for a Utah resident, inform the lieutenant governor of:
 - (a) the decedent's name, last known residential address, date of birth, and date of death; and
 - (b) any other information requested by the lieutenant governor to assist the county clerk in identifying the decedent for the purpose of removing the decedent from the official register of voters.
- (12) The lieutenant governor shall, within one business day after the day on which the lieutenant governor receives the information described in Subsection (11), provide the information to the county clerks.

Dispositioner death certificate worksheet instructions

1 - Decedent's legal name

Enter the first, middle and last name of the person whose death is being reported. When an unidentified body is registered, the name should simply read "Unknown". Terms such as "John Doe", for unidentified individuals, may be mistaken for actual individuals.

Suffix - Enter the suffix of the person whose death is being reported. (e.g. Jr., Sr., I, II, III, etc.) Leave this field blank if deceased did not have a suffix.

2 - Sex

Enter male or female. If the sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter "Unknown".

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. If not within city, town or community boundaries enter "Rural".

5 - County of death

Enter the name of the county where death occurred. If the death occurred in a moving conveyance, enter the place of death as the address and county where the body was first removed from the conveyance.

6 - Date of birth

Enter the exact number of the month, day, and year that the decedent was born. If the date of birth is unknown, enter "Unknown".

7 - Social security number

Enter the social security number of the decedent. If the SSN number is unknown, enter "Unknown". If the deceased does not have an SSN number, enter all zeros (000-00-0000).

8 - AKA

If the deceased person had an alias, it should be preceded with A.K.A. (Also Known As). If substantially different from the legal name, after the abbreviation AKA (also known as) e.g. Samuel Langhorne Clemens AKA Mark Twain.

9 - Age

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

If the age entered does not agree with the difference between the date of birth and the date of death, the age should be verified with the informant.

If decedent was under 1 year:

If the infant was 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 born in the United States or Canada, but the state or province is unknown, enter "Unknown". 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.

If no information is available regarding the place of birth, enter "Unknown".

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". *This facilitates the issuing of veteran's benefits to the deceased's survivors.*

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". In the event that both husband and wife are killed in the same accident, each is to be listed as married, and the name of the spouse should be entered with deceased entered after the last name.

13 - Surviving spouse's name

If the decedent was married at the time of death, enter the full name of the surviving spouse. If the surviving spouse is the wife, enter her name prior to her first marriage (maiden name). If the decedent was divorced, widowed, or never married, leave this item blank. In the event that both husband and wife are killed in the same accident, each is to be listed as married, and the name of the spouse should be entered with deceased after the last name. *This item is used in establishing proper insurance settlements and other survivor benefits.*

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".

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. Do not enter a temporary residence such as one used during a visit, trip, or a vacation. Place of residence during a military duty tour or during attendance at college is not considered temporary and should be entered as the place of residence.

If decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, this facility should be entered as the place of residence.

If the decedent is a child, residence is the same as the parent(s), legal guardian, or custodian, unless the child was living in an institution where individuals usually reside for long periods of time.

Enter the street number and street name. If there is no number and street name, enter "Unnamed Street". If the residence is in a rural area, enter Rural. A PO Box should **Not** be entered. Enter the state, city, county, and ZIP code in which the decedent lived. 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 - Father's name

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

18 - Mother's name prior to first marriage

Enter the first, middle, maiden last name and suffix of decedent's mother.

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. Enter complete mailing address of the informant. If informant address is the same as the decedent's address enter "Same" in address field.

20 - Was decedent of Hispanic origin?

Check "Yes", "No" or "Unknown". If "Yes" enter the specific Hispanic group. "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America.

21 - Decedent's race

Check the race of the decedent as stated by the informant. 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 informant indicates that the decedent was of mixed race, multiple races may be checked.

22 - Decedent's 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, physician 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.

"On the issue of unattended deaths, we have been following the policy that if a non-MD is caring for the patient under the supervision and control of an MD, the certifying physician can use the date last seen by the non-MD care giver as the date the patient was last attended. This does not mean that a patient who dies solely under the care of a non-MD care giver can be certified by a compliant physician who was not supervising the patient's care." (Todd Grey, M.D., Chief Medical Examiner.)

25 - If the place of death is unknown, check "Unknown"

26 - 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 was 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.

27 - 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 decedent's home, check appropriate box.

If the death occurred at some other residence or place of death is unknown and the body was found in your state indicate in other/specify.

Facility name - If the death occurred at decedent's home you may enter the word "Same" to automatically fill the residence address or enter the house number and street name/number. If the death occurred at some place other than described, enter the number and street name and number of the place, or a description of a rural area.

28 - Method of disposition

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

29 - Date of disposition

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

30 - Place of disposition

Enter the name of the cemetery, crematory, or other place of disposition. If the body is removed from the state, specify the name of the cemetery, crematory, or place of disposition to which the body is moved. If that is unknown, enter the name of the funeral home to which shipment is made. If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, give the name of that institution.

31 - Location of disposition

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

32 - Name of physician certifying death

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

33 - Was the medical examiner contacted?

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



Dispositioner worksheet for completing death record

You will be asked to provide information about the decedent and personal information about yourself as part of this form. The information you give us will be used to register the death, follow-up with you if there are any questions or we need additional information, and becomes part of the official death record and certificate. All fields are required. Failure to provide all information may result in a delay of 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 26B-8-125. The information you provide, if necessary, may be accessed by contractors who are a part of the DHHS technical team. This data is part of the record series 81448.

State File #: _____

Dispositioner's name

First Middle Last Suffix

Dispositioner's relationship to the decedent _____

Dispositioner's address

Address Address 2 (apartment #)

State City ZIP Country

Dispositioner's phone number _____ -- _____ -- _____

1. Decedent's legal name

First Middle Last Suffix

2. Decedent's sex

Male Female Unknown

3. Decedent's date of death _____ Found
Month Day Year

4. City of death _____

5. County of death _____

6. Decedent's date of birth _____
Month Day Year

7. Decedent's social security number _____ - _____ - _____

8. AKA _____
(The AKA should be substantially different than the legal name)
AKA _____
(The AKA should be substantially different than the legal name)

9. Decedent's age at last birthday _____
Years
If under 1 year _____
Months Days
If under 1 day _____
Hours Minutes

10. Decedent's place of birth

State and city or Canadian province or foreign country

11. Was the decedent ever in the United States armed forces?

Yes No Unknown

12. Marital status of the deceased

Never married Divorced
 Married Married, but separated
 Widowed Unknown

13. Spouse's name. If wife, give last 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?

Street address Second street address (apartment#)

State City ZIP Country (If outside the U.S.)

Inside city limits Yes No Unknown

17. Decedent's father's name

First Middle Last Suffix

18. Decedent's mother's name prior to first marriage

First Middle Last Suffix

19. Informant's name

First Middle Last Suffix

Informant's relationship to the decedent _____

Informant's mailing address

Address Address 2 (apartment #)

State City ZIP Country (If outside the U.S.)

20. Is the decedent of Hispanic origin? (Check no if the decedent is not Spanish/Hispanic/Latino)

- Yes No Unknown

(If yes, check the box that best describes whether the decedent is Spanish/Hispanic/Latino)

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

21. What is the decedent's race?

(Check one or more races to indicate what the decedent considered himself or 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

- 8th grade or less Some college credit but no degree Doctorate (PhD, EdD, or professional degree MD, DDS, DVM, LLB, JD)
 9th-12th grade, no diploma Associate Degree (AA, AS) None
 High school graduate or GED completed Bachelor's Degree (BA, AB, BS) Unknown
 Master's Degree (MA, MS, ME)

23. Decedent's time of death ____: ____ 24-hour clock Found

24. Date deceased last attended by physician or agent Never seen alive or _____
Month Day Year

25. Place of death: _____ Unknown

26. Did death occur in a hospital?

- Inpatient Emergency room/outpatient Dead on arrival

Facility name _____

