WALKER FAMILY MORTUARIES

☐ **Walker Mortuary**
187 South Main
Spanish Fork, Utah 84660
Phone(801)798-2169
Fax: (801)798-0733

☐ **Walker Mortuary**
587 South 100 West
Payson, Utah 84651
Phone (801)465-3846
Fax: (801)465-2507

WEB SITE: WWW.WALKERSPANISHFORK.COM

Funeral Arrangements

Deceased Information

Mortuary File Number _____

Deceased (Full Legal) Name:

_____

Nick Name(s) _____

Address _____

City _____ County _____

State _____ Zip Code _____

Sex : ❑ Male ❑Female Phone _____

Decedent's Race _____ Citizen _____

Education ❑ 8th Grade or Less ❑ 9th - 12th Grade, no diploma

❑ High School Grad/ GED Completed

❑ Some College Credit, but no degree ❑ Associate Degree

❑ Bachelor's Degree ❑ Master's Degree ❑ Doctorate Degree

Social Security Number: _____/_____/_____

Date of Birth _____ Age _____

Birthplace (City & State) _____

Father's Full Name _____

Mother's Full Maiden Name _____

Marriage Information

Marital Status: ❑ Never Married ❑ Married ❑Widowed ❑ Divorced ❑ Married, but separated ❑Unknown

Spouse _____

Date of Marriage _____

Place of Marriage _____

Date Sealed (If Applicable) _____

Spouses Date of Death (If Applicable) _____

Previous Spouse _____

Date of Marriage _____

Place of Marriage _____

Spouses Date of Death/Divorce _____

Occupation Information (if several ... see next page: Notes)

Decedent's Usual Occupation _____

Kind of Business or Industry _____

Employer _____ # of Years _____

Veteran or Military Service

❑ No ❑ Yes Branch of Service _____

If Veteran, Name of War Served In: _____

Next of Kin or Person Providing Information

Informant's Name _____

Address _____ Phone: _____

City _____ State _____ Zip Code _____

Relationship to Deceased _____

Date of Death _____

Time of Death (24 hr. clock) _____

Place of Death _____

If Hospital: ❑ Inpatient ❑ ER/Outpatient ❑ DOA

Address _____

City _____

County _____ State _____ Zip _____

Doctor Information

Certifier of Death Certificate _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Funeral Service Information

Day & Date _____

Time of Services _____

Place _____

Address _____

City _____

Bishop or Clergy _____ Phone _____

Viewing Information

Day _____ Hour _____

Place _____

Day _____ Hour _____

Place _____

Final Disposition

❑Burial ❑Entombment ❑Cremation ❑Donation ❑Other

Day & Date of Disposition _____

Cemetery/Crematory _____

City _____

Cemetery Grave Information: Lot # _____

Section _____ Block _____

Lot Owner _____

Disposition of Cremated Remains _____

❑ Burial Permit - If Needed (Health Dept. Fee $52.00)

BIOGRAPHICAL INFORMATION

(Used for Obituary Notice)

Education: _____

Employment: _____

Civic Activities: _____

Hobbies or Other Interests: _____

Religious Activities: _____

Military Service Information

Date of Entry Into Service _____

Place of Entry Into Service _____

Serial Number _____

Organization and Branch of Service _____

Grade, Rank, or Rating _____

Date Separated From Service _____

Place of Separation From Service _____

World War I Veteran: April 6, 1917 to November 11, 1918
World War II Veteran: December 7, 1941 to December 31, 1946
Korean War Veteran: June 27, 1950 to January 31, 1955
Viet Nam War Veteran: August 5, 1964

Military Rites: ☐ Yes ☐ No

If yes: ☐ Taps ☐ Gun Salute ☐ Flag Folding

Organization Requested to provide for Military Rites

☐American Legion ☐VFW ☐ Other _____

Flag Display for Viewing: ☐ On Casket ☐ Folded

Flowers may not be placed on the flag!

Veterans Military Headstone Requested: ☐ Yes ☐ No

SURVIVORS

Spouse: _____

Parent(s): _____

_____ Sons and _____ Daughters:

Name	City	State

_____ Grandchildren _____ Great-Grandchildren

_____ Great-Great-Grandchildren

_____ Brothers and _____ Sisters:

Name	City	State

Other Survivors:

Preceded in death by: _____

ADDITIONAL INFORMATION

Newspaper Obituary Notices: Please place an obituary in the following newspapers:

☐ Provo Herald (Day to appear) _____

☐ Salt Lake Tribune (Day to appear) _____

☐ Deseret News (Day to appear) _____

☐ Payson Chronicle (Week to appear) _____

☐ Other: _____

☐ Other: _____

☐ Death Notice Herald (No Charge) Day _____

**Please note that the Daily Herald, Salt Lake Tribune, Deseret News, Ogden Standard Examiner, and most other newspapers charge for the Obituary Notice. Most newspapers charge by the lines printed, plus a photo fee. Each paper will send a billing to the next of kin for the obituary notice. The current Daily Herald obituary charges are approximately $275.00 per day for 6 inches.

Hairstyling (If Applicable) for the deceased to be done by:
Hairdresser Phone Number: _____

Burial Clothing to be arranged for by: _____

_____

New Mortuary Clothing Items Needed: _____

_____

Floral Arrangements to be arranged for by: _____

_____

The family requests _____ **Certified Copies** of the **Death Certificate.** *** Please Note: Utah Health Departments charge $16.00 for the first certified death certificate and $8.00 for each additional copy purchased at the same time. Certified copies are needed for any legal purposes, such as life insurance policies, property transfers, etc. The funeral home would be happy to make as many file copies of the death certificate as you would like for no charge. The family also requests _____ File Copies.

❑ Burial Permit is needed for transportation outside of the State of Utah for burial or transport of cremains.
*Please note: Utah Health Department charges $52.00

NOTES

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OUT-OF-TOWN ARRANGEMENTS

Transfer Remains: ❑ To ❑ From

Funeral Home: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Out-Of-Town Funeral Director: _____

_____

Ship Via: ❑ Our Vehicle ❑ Their Vehicle ❑ Airlines

Departs (Airport) _____

Day _____

Time _____

Airline _____

Flight # _____

Arrive (Airport) _____

Time _____

Outer Shipping Container: _____

Escort/Passengers: _____

Special Information: _____

_____

NOTES

❑ Register Book _____

❑ Program Covers _____

❑ Thank You Cards _____

❑ Funeral Recording _____

❑ DVD Presentations _____

❑ Tables for Viewing _____

❑ Easels Needed _____

❑ Casket Selected _____

❑ Vault Selected _____

❑ Headstone or Marker _____

❑ Engraving Death Date _____

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