

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. (A Death Record Form and Instructions are included.)

## **Filing a Death Certificate**

A death certificate must be filed within five days of death and before final disposition of the deceased's remains [\(Utah Code 26-2-13 \(1\)\(a\)\)](#). A burial transit permit is required before removing the remains from the place of death (hospital, nursing home, home, etc.) [R436-8-1\(c\)](#). If you are planning cremation or removal of the remains from the State of Utah, a Cremation/Burial-Transit permit and a review by the Office of the Medical Examiner is required.

Begin the process to file the death certificate by contacting the [Local Health Department](#) in the county where the death occurred, or contact the [State Office of Vital Records and Statistics](#) for information on filing a death certificate. You will need to appear in person at the Local Health Office, so 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. Martial Status
10. Spouse's Name (Maiden Name)
11. Occupation
12. Residence Address
13. Names of Parents - Father's Name, Mother's Maiden Name
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 is obtained from the attending physician, and in some cases, the Office of the Medical Examiner, before the death certificate is registered. The death certificate is filed and registered after you obtain the medical certification, and then the necessary permits can be issued.

## **Transportation of Remains**

When transporting remains, the body must be encased in a container (such as a plastic bag) which ensures against seepage of fluid and the escape of odors. A transit permit must either be attached to the container or in the possession of the person transporting the body. [R436-8-2](#)

## **Preservation of Remains**

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 40 degrees Fahrenheit or below, or embalmed by a licensed embalmer in a manner approved by the State Board of Embalming. [R436-8-3](#)

## **Disposition of Remains**

If you are considering non-cemetery burial, or scattering of ashes please consider the following:

1. Check with city/county officials to see if there are any local ordinances regarding burial on non-cemetery property.
2. Check with the land owner (private or public) to ask permission to use their property (written permission/authorization.)

**Death Record Form**  
**(For Dispositioners – Download an interactive and printable form)**  
UDOH ovrs0145 revision 08022010

**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

Continued...

# Death Record Form

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## 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 1<sup>st</sup> 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. 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

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

**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)

\_\_\_\_\_

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27. Method of Disposition

Burial                      Removal from State                      Other (Specify) \_\_\_\_\_  
Cremation                  Entombment  
Donation

28. Date of Disposition \_\_\_\_\_  
Month                                  Day          Year

29. Place of Disposition (Name of Cemetery, Crematory or Other Place)  
\_\_\_\_\_

30. Location of Disposition

\_\_\_\_\_ State                                  \_\_\_\_\_ City                                  \_\_\_\_\_ Zip

**Certifying Physician Information:**

31. Name of Certifying Physician

\_\_\_\_\_ First

\_\_\_\_\_ Middle

\_\_\_\_\_ Last    \_\_\_\_\_ Suffix

Physician's Address (PO BOX should not be used)

\_\_\_\_\_ State                                  \_\_\_\_\_ City                                  \_\_\_\_\_ Zip

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

32. Was the Medical Examiner Contacted?                  Yes                  No                  Unknown

M.E. Case Number \_\_\_\_\_ Date \_\_\_\_\_

**I hereby certify that the information provided above is true and accurate to the best of my personal knowledge.**

**I further understand that any person who intentionally signs the portion of a certificate of death that is required to be signed by a funeral service director or dispositioner is guilty of a class B misdemeanor, unless the person:**

- (a) (i) is a funeral service director; and**
  - (ii) is employed by a licensed funeral establishment; or**
  - (b) is a dispositioner, if a funeral service director is not retained.**
- Utah Code 26-2-16 (5)**

Dispositioner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Local Health Office Use Only:**

Local or State Registrar's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Death Record Form Instructions

## (For Dispositioners – Download a printable copy)

UDOH ovrs0146 revision 08042010

### 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 is between one and eleven months, give the age in completed months.

#### **If decedent as 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.

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.

### 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".

**Continued...**

# Death Record Form Instructions

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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 - 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** 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 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.

## LOCAL COUNTY VITAL RECORDS OFFICES

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Vital Records Office	Address	Contact Number	County
<p>Bear River Health District - Vital Records Hours: Monday – Thursday: 7:00 am – 6:00 pm</p> <p>*Brigham City Health District Satellite Office Hours: Monday – Thursday: 7:00 am – 6:00 pm</p>	<p>655 East 1300 North Logan, Utah 84341</p> <p>817 West 950 South Brigham City, Utah 8402</p>	<p>(435) 792-6492 Fax: (435) 713-9531</p> <p>(435) 695-2068 (435) 695-2063 Fax: (435) 734-0848</p>	<p>Box Elder Cache Rich</p>
<p>Central Utah Health District - Vital Records Hours: Monday – Thursday: 7:30 am – 5:30 pm Friday: 8:00 am – 5:00 pm</p>	<p>70 Westview Drive Richfield, Utah 84701</p>	<p>(435) 896-5451 ext: 310 Fax: (435)896-4353</p>	<p>Juab Millard Sanpete Sevier Piute Wayne</p>
<p>Davis County - Vital Records Hours: Monday – Friday: 8:00 am – 4:30 pm</p>	<p>50 East State Street Farmington, Utah 84025</p>	<p>(801) 451-3337 Fax: (801) 451-3242</p>	<p>Davis</p>
<p>Salt Lake Valley Health - Vital Records Hours: Monday – Friday: 8:30 am – 4:00 pm</p> <p>*Shipp Clinic - Vital Records Satellite Office Hours: Monday – Friday: 8:30 am – 4:00 pm (Closed 12:00 – 1:00)</p> <p>*Sandy Office - Vital Records Satellite Office Hours: Monday – Friday: 8:30 am – 4:00 pm (Closed 12:00 – 1:00)</p>	<p>610 South 200 East Salt Lake City, Utah 84111</p> <p>Ellis R Shipp Public Health Center 4535 South 5600 West West Valley City, Utah 84120</p> <p>South East Public Health Center 9340 South 700 East Sandy, Utah 84070</p>	<p>(801) 534-4660 Fax: (801) 534-4640</p> <p>(801) 963-7313 Fax: (801) 963-7380</p> <p>(801) 256-1961 Fax: (801) 568-6917</p>	<p>Salt Lake</p>
<p>Southeast Utah Health District - Vital Records Hours: Monday – Thursday: 7:00 am – 6:00 pm</p> <p>*Grand County Satellite Office Hours: Monday – Thursday: 7:00 am – 6:00 pm</p> <p>*San Juan County Satellite Office Hours: Monday – Thursday: 8:00 am – 5:00 pm (Closed 12:00 – 1:00)</p>	<p>28 South 100 East Price, Utah 84501</p> <p>471 South Main Street #4 PO Box E Moab, Utah 84532</p> <p>Monticello Office (The Old Courthouse) 117 South Main Monticello, Utah 84535</p>	<p>(435) 637-6371 Fax: (435) 637-7515</p> <p>435) 259-5602 Fax: (435) 259-7369</p> <p>(435) 587-2021 Fax: (435) 587-3151</p>	<p>Carbon Emery</p> <p>Grand</p> <p>San Juan</p>
<p>Southwest Public Health Department - Vital Records Hours: Monday – Thursday: 7:00 am – 5:00 pm</p> <p>* Beaver Office Satellite Office Hours: Monday – Friday: 8:00 am – 5:00 pm</p>	<p>620 South 400 East #400 St. George, Utah 84770</p> <p>1175 North 74 West PO Box 127 Monticello, Utah 84535</p>	<p>(435) 986-2542 / 43 Fax: (435) 628-6713</p> <p>(435) 438-2482 Fax: (435) 438-2108</p>	<p>Garfield Washington</p> <p>Beaver</p>



Vital Records Office	Address	Contact Number	County
<p><b>Southwest Public Health Department continued</b></p> <p>* Cedar City Office  Satellite Office  Hours:  Monday – Friday: 8:00 am – 5:00 pm</p> <p>* Kanab Office  Satellite Office  Hours:  Monday – Friday: 8:00 am – 4:30 pm</p>	<p>260 East DL Sargent Drive  Cedar City, Utah 84720</p> <p>445 North Main  Kanab, Utah 84741</p>	<p>(435) 865-5140  Fax:  (435) 586-4851</p> <p>(435) 644-2537  Fax:  (435) 644-5024</p>	<p>Iron</p> <p>Kane</p>
<p>Summit County Public Health Department -  Vital Records  Hours:  Monday – Friday: 8:00 am – 5:00 pm  (Closed 12:00 – 1:00)</p>	<p>85 North 50 East  PO Box 128  Coalville, Utah 84017</p>	<p>(435) 336-3222  Fax:  (435) 336-3067</p>	<p>Summit</p>
<p>Tooele County Health Department -  Vital Records  Hours:  Monday – Thursday: 7:00 am – 6:00 pm</p>	<p>151 North Main  Tooele, Utah 84074</p>	<p>(435) 277-2300  Fax:  (435) 277-2304</p>	<p>Tooele</p>
<p>Tri County - Vital Records  Hours:  Monday – Friday: 8:00 am – 5:00 pm</p>	<p>133 East 500 South  Vernal, Utah 84078</p>	<p>(435) 781-5475  Fax:  (435) 781-0536</p>	<p>Daggett  Duchesne  Uintah</p>
<p>Utah County Health Department -  Vital Records  Hours:  Monday – Friday: 8:00 am – 4:30 pm</p>	<p>151 South University Avenue  Suite 100  Provo, Utah 84601</p>	<p>(801) 851-7526  Fax:  (801) 851-7009</p>	<p>Utah</p>
<p>Wasatch County Health Department -  Vital Records  Hours:  Monday – Friday: 8:00 am – 4:30 pm</p>	<p>55 South 500 East  Heber City, Utah 84032</p>	<p>(435) 657-3307  Fax:  (435) 654-2705</p>	<p>Wasatch</p>
<p>Weber/Morgan Health Department -  Vital Records  Hours:  Monday – Thursday: 8:00 am – 6:00 pm  Friday: 8:00 am – 5:00 pm</p>	<p>477 23<sup>rd</sup> Street  Ogden, Utah 84401</p>	<p>(801) 399-7132  Fax:  (801) 399-7135</p>	<p>Morgan  Weber</p>

**UTAH DEPARTMENT OF HEALTH  
STATE OFFICE OF VITAL RECORDS AND STATISTICS**

<b>Vital Records Office</b>	<b>Address</b>	<b>Contact Number</b>
<p>Utah Department of Health Office of Vital Records and Statistics (OVRs) Hours: Monday – Thursday: 7:00 am – 6:00 pm</p>	<p>Cannon Health Building 288 North 1460 West Salt Lake City, Utah 84114</p> <p>Mailing Address: Utah Department of Health Office of Vital Records and Statistics PO Box 141012 Salt Lake City, Utah 84114-1012</p>	<p>Ann Ramos <a href="#">Death Certificate Registration Supervisor</a> 801-538-6364</p> <p>Leisa Finch <a href="#">Electronic Death Registration (EDR) Coordinator</a> 801-538-9326</p>

### 26-2-13. Certificate of death -- Execution and registration requirements.

(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 chapter.

(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 **26-2-14**, fetal death certificates, the medical section of the certificate of death shall be completed, signed, and returned to the funeral service director, or, if a funeral service director is not retained, a dispositioner, within 72 hours after death by the health care professional who was in charge of the decedent's care for the illness or condition which resulted in death, except when inquiry is required by Title 26, Chapter 4, Utah Medical Examiner Act.

(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.

(6) When death occurs more than 30 days after 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 Title 26, Chapter 4, Utah Medical Examiner Act, 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 district 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.

### **R436-8-1. Removal of Body.**

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

(a) 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.

(b) Determine whether or not the medical examiner has been notified, if the death comes within his jurisdiction. If the medical examiner has not been notified or if that fact is unknown, make the notification and obtain authorization to remove the body.

(c) 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 shall not release the body until they are presented with a burial-transit permit issued by the appropriate local registrar or the state registrar.

### **R436-8-2. Transportation of Dead Bodies.**

Any body shipped by common carrier must be embalmed by a licensed embalmer in a manner approved by the State Board of Embalming. 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. If the body cannot be embalmed or is in a state of decomposition, it may be shipped only after enclosure in any 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. When any body is to be transported by common carrier, the burial-transit permit shall be attached to the shipping case. Any body transported by means other than a common carrier must be encased in a container (such as a plastic bag) which ensures against seepage of fluid and the escape of odors. However, bodies transported by a licensed funeral director in a vehicle used for such purpose need not be so encased. 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.

### **R436-8-3. 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 F. or embalmed by a licensed embalmer in a manner approved by the State Board of Embalming, or by the embalmer licensed to practice in the state where the death occurred.