

# DECEASED RECORD FORM

(ALL Information Must Be Completed)

PLEASE PRINT

Name of Deceased \_\_\_\_\_

Date of Birth \_\_\_\_\_ License Number \_\_\_\_\_

Date of Death \_\_\_\_\_ Employee Number \_\_\_\_\_

Employee Signature \_\_\_\_\_

Source of Information \_\_\_\_\_

Date Record Updated \_\_\_\_\_ Station Code \_\_\_\_\_

## Written Verification Must Be Attached

Written verification may include a copy of a death certificate, funeral program or obituary.

Submit this form and written verification to:

[dlarchives@utah.gov](mailto:dlarchives@utah.gov)

Driver License Division  
PO Box 144501  
Salt Lake City, UT 84114-4501