FUNERAL SERVICES FOR

(COMPLETE NAMI	E – AS TO	APPEAR ON PROGRAM)
(DATE OF BIRTH))	(PLACE OF BIRTH)
(DATE OF DEATH	(I)	(PLACE OF DEATH)
SON/DAUGHTER OF	(FAT	ANDAND
	(1717	TIERO IVIVIE)
(MOTHERS NA	ME – INCL	UDE MAIDEN NAME)
HUSBAND/WIFE OF	(1)	ANE JAME)
		,
(IF DECEAS	SED, DATE	E OF DEATH)
FUI	NERAL SE	CRVICES
DAY	DATE	TIME
PLACE		ADDRESS
PALLBEARERS		HONORARY PALLBEARERS (optional)
NAME OF CEMETERY ADDRESS	INTERM	ENT

& UTAH VALLEY MORTUARY

PLEASE SUBMIT INFORMATION TO THE MORTUARY BY 10 AM THE DAY PRIOR TO THE FUNERAL SERVICE.

Email to: uvfuneral@gmail.com -or- Fax to: 801-796-3537

Please call to confirm receipt: 801-796-3503

SERVICES
CONDUCTING_____

FAMILY MEMBER WE MAY CONTACT WITH ANY QUESTIONS: NAME: PHONE:

CLOSING REMARKS

CLOSING SONG

FAMILY PRAYER_____ PRELUDE/POSTLUDE MUSIC_____ CHORISTER____ OPENING SONG_____ INVOCATION (Opening Prayer) LIFE SKETCH_____

BENEDICTION (Closing Prayer) _	
DEDICATION OF THE GRAVE_	
PRINTING INSTRUCTIONS:	# OF PROGRAMS
COVER OTHER (Photo, Printing on Back, e	INTERIOR