

* Please e-mail your obituary to offcie@spilsburymorturay.com or copy to a disk or zip drive and bring with you.

OBITUARY GUIDELINE

THIS GUIDELINE WILL HELP YOU WRITE AN OBITUARY ABOUT YOUR FAMILY MEMBER. WORDS IN BLUE WILL BE THE DETAILS YOU MAY WANT TO INCLUDE.

City & State of residence - Name , age , passed away day & date of death. She/he was born date of birth, in place of birth to name of parents (include mother's maiden name). She/he married name of spouse, date & location of marriage.

Life sketch - Should include where raised, educated, places lived, profession, hobbies, interests, travels, likes & dislikes, and any other personal information desired to include.

She/he is survived by name of spouse and where he/she is currently living; children and (names of spouses) (where they live); grandchildren; sisters (where they live); brothers (where they live), etc. She/he is preceded in death by _____.

Funeral services will be day, date & time at the name of location & address. Friends may call day, date & time at location. Interment will take place in (name of cemetery.) In lieu of flowers, donations may be made to name and address.

* Your family may also wish to acknowledge any special care given by the Dr., hospital, care center or hospice.

Arrangements are made under the direction of Spilsbury Mortuary, 110 S. Bluff St., St. George, Utah, (435) 673-2454.

Friends and family are invited to sign _____'s guest book at www.spilsburymortuary.com.

~ IF WE TYPE YOUR OBITUARY, PLEASE PROOF IT CAREFULLY. WE WILL NOT BE RESPONSIBLE FOR ERRORS ~



OBITUARY BILLING and SELECTION OF NEWSPAPER(S) AND DAY(S) FOR PUBLICATION

I acknowledge that I have the legal right, as a family member or administrator, to arrange for and place an obituary in the newspaper.

I understand that all newspapers require payment in advance, which will necessitate my paying by credit card at the time an obituary is submitted for publication.

By my signature below, I am stating that I have selected the newspapers, photos, and days of publication for my loved one's obituary and that I agree to all of the above conditions.

OBITUARY FOR (Name of Deceased) _____

CARDHOLDER: PLEASE FILL OUT ALL HIGHLIGHTED SECTIONS

Responsible Party Signature: _____ Date _____

Printed Name: _____ Phone #: _____

Address: _____ City & ZIP: _____

Call with Pricing: Yes No Contact Name & Phone #'s _____

CREDIT CARD: VISA MASTER CARD AMERICAN EXPRESS

Name on Card: _____

Card #: _____ Expiration Date: _____ V Code: _____

CHECK EACH PAPER YOU WISH IT TO RUN IN:

	# of Photos?	Day (s) to Run
<input type="checkbox"/> Spectrum	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SAT <input type="checkbox"/> SUN
<input type="checkbox"/> Salt Lake Tribune	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SAT <input type="checkbox"/> SUN
<input type="checkbox"/> Deseret News	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SAT <input type="checkbox"/> SUN
<input type="checkbox"/> Provo Daily Herald	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SAT <input type="checkbox"/> SUN
<input type="checkbox"/> Ogden Standard Examiner	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SAT <input type="checkbox"/> SUN

Other(s):

<input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> SAT <input type="checkbox"/> SUN
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Please proof your obituary carefully after we have typed it. Spilsbury Mortuary will not be responsible for errors.