

E-mail Address:  
office@spilsburymortuary.com

~ PROGRAM OUTLINE FOR ~

Phone: (435)  
673-2454

\_\_\_\_\_  
(Name of Deceased)

Family Prayer: \_\_\_\_\_ Officiating: \_\_\_\_\_

Prelude & Postlude Musician: \_\_\_\_\_ Chorister: \_\_\_\_\_

Opening Hymn or Song \_\_\_\_\_ # \_\_\_\_\_

Sung or played by: \_\_\_\_\_ Accompanied by: \_\_\_\_\_

Opening Prayer: \_\_\_\_\_ Eulogy: \_\_\_\_\_

Speaker: \_\_\_\_\_

Musical Selection Title: \_\_\_\_\_

Sung or played by: \_\_\_\_\_ Accompanied by: \_\_\_\_\_

Speaker(s): \_\_\_\_\_

Bishop/Clergy's Remarks: \_\_\_\_\_ Phone #: \_\_\_\_\_

Closing Hymn or Song: \_\_\_\_\_ # \_\_\_\_\_

Sung or played by: \_\_\_\_\_ Accompanied by: \_\_\_\_\_

Closing Prayer: \_\_\_\_\_ Dedication of the grave: \_\_\_\_\_

\* Military Honors?: Yes \_\_\_\_\_ No \_\_\_\_\_

\* *Compassionate Service Provided by* : \_\_\_\_\_ *Relief Society.*

CASKET BEARER NAMES	

HONORARY CASKET BEARER NAMES	

**NAME, PHONE & EMAIL of person to be contacted for questions, and to proof program:**

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