

*** Please e-mail your obituary to office@spilsburymortuary.com or copy to a flash 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.

(names of spouses) (where they live); grandchildren; sisters (where they live); brothers (where

they live), etc. She/he is preceded in death by

George, Utah, (435) 673-2454.

She/he is survived by name of spouse and where he/she is currently living; children and

Funeral services will be day, date & time at the name of location & address. Friends not 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.	nay
** Your family may also wish to acknowledge any special care given by the Dr., hospital, care center or hospice.	

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

Arrangements are made under the direction of Spilsbury Mortuary, 110 S. Bluff St., St.

~ 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: PLEAS	SE FILI	L OUT	ALL H	IGH	[LIG]	HTED	SEC	CTIONS	*		
Responsible Party Signature:						Date:					
Printed Name:	Phone #:										
Address:	City & ZIP:										
Call with Pricing: Yes □ No □	Contact Name & Phone #'s										
CREDIT CARD (Circle One): VISA	MASTER CARD AMERICAN EXPRESS										
Name on Card:											
Card #:	Expiration Date: V Code:										
	(<mark>Cir</mark>	cle One)									
Check each paper you wish it to run in:	How n	nany Ph	otos? D	ay (s	s) to I	Run (<u>Circl</u>	le Each	Day)		
□ Spectrum	1	2	M	T	W	TH	F	SAT	SUN		
☐ Salt Lake Tribune	1	2	M	T	W	TH	F	SAT	SUN		
☐ Deseret News	1	2	M	T	W	TH	F	SAT	SUN		
☐ Provo Daily Herald	1	2	M	T	W	TH	F	SAT	SUN		
☐ Ogden Standard Examiner	1	2	M	T	W	TH	F	SAT	SUN		
Other(s):											
□(1) <u> </u>	1	2	M	T	W	TH	F	SAT	SUN		
□(2)	1	2	M	T	W	TH	F	SAT	SUN		
□(3) <u> </u>	1	2	M	T	W	TH	F	SAT	SUN		
\Box (4)	1	2	М	Т	W	TH	F	SAT	SUN		

Please proof your obituary carefully after we have typed it. Spilsbury Mortuary will not be responsible for errors.

Deadline for The Spectrum is Noon for next day's paper Monday-Thursday and Noon Friday for Saturday, Sunday and Monday editions