



Idaho Falls, Idaho

Return completed form to Wood's by Noon the day prior to services.
Family member to proofread for final printing between 3 & 4 p.m.
same day. Suggested length of services: one hour.

(208) 522-2751
FAX 522-5413

IN LOVING MEMORY OF

Date of Birth _____ at _____

Passed Away _____ at _____

Family Prayer by _____

SERVICES AT

(Place) _____

(Day & Date) _____ at (Time) _____

(Officiating) _____

(Church Name) _____

Prelude & Postlude Music _____

(Music) _____

_____ Accompanist _____

Invocation _____

Life Sketch/ Eulogy _____

Speaker _____

(Music) _____

_____ Accompanist _____

Remarks _____

(Music) _____

_____ Accompanist _____

Benediction _____ (over --->)

Graveside Prayer _____

Interment _____
NAME OF CEMETERY LOCATION – CITY & STATE

Military Rites _____
NAME OF GROUP PERFORMING RITES

PALLBEARERS

(HONORARY PALLBEARERS)

(FLORAL BEARERS)

*Your kind expression of sympathy and caring is more deeply
appreciated than words of thanks can ever express.*

