

OBITUARY OUTLINE

Please return this information to Aspen Funeral Services by 1:00 P.M the day before you wish the obituary to run. You may Fax to 801-505-4066. If Fax machine is unavailable please notify Aspen Funeral Services 801-977-0278.

Name: _____ Age: _____
Date of Death _____ City and State of Death _____
Date of Birth _____ City and State of Birth _____
Fathers Name _____ Mothers Name _____
Spouse's Name _____ Marriage Date _____
Place of Marriage _____

Personal Information (Hobbies, interests, church affiliation, civic organizations, ect.)

Survived by: _____

Preceded in death by: _____

Services will be held (day of week) _____ (date) _____
At (time) _____ at (place of service) _____
(Address) _____
Friends may call (day of week) _____ from (time of visitation) _____
At (place of visitation) _____
Internment at (cemetery) _____
