

FUNERAL PROGRAM OUTLINE

Funeral Services For

Complete name (as appearing on program) _____

Date of birth _____ Place of birth _____

Date of death _____ Place of death _____

Father's name _____

Mother's name (including maiden name) _____

Spouse's name _____

If spouse is deceased, date of death _____

Funeral Services

Day _____ Date _____ Time _____

Location _____

Address _____

Pallbearers

1. _____ 8. _____

2. _____ 9. _____

3. _____ 10. _____

4. _____ 11. _____

5. _____ 12. _____

6. _____ 13. _____

7. _____ 14. _____

Jenkins-Soffe Funeral Chapels -Murray

4760 S State Street
Murray, Utah 84107
Phone: (801) 266-0222

Jenkins-Soffe Funeral Chapels -South Jordan

1007 W South Jordan Parkway
South Jordan, Utah 84095
Phone: (801) 254-1928

Services

Conducting _____

Family prayer _____

Prelude music _____

Invocation (opening prayer) _____

Other program items _____

Benediction (closing prayer) _____

Postlude music _____

Grave dedication _____

Interment

Name of cemetery _____

Address _____

Program cover _____ Number of programs _____

Other info (picture, poems, etc.) _____

**Please email this form back to jssv@jenkins-soffe.com by
10:00 am the day before funeral services take place.**