



Funeral Consumers Alliance

Of San Mateo/Santa Clara Counties

P.O. Box 60448, Palo Alto, CA 94306

(650) 321-2109 phone/fax

Email: office@fcapeninsula.org

PLANNING FORM

Member Number: _____

Date: _____

INSTRUCTIONS: Complete a form for each member, noting member number. Keep original in a safe place and distribute copies to family members, friends, and if you choose, to the funeral home that may be dealing with your final arrangements.

Member's Full Name: _____

First

Middle

Last

Address: _____

Street

City, State

Zip

Phone# _____ **Email** _____

INFORMATION FOR DEATH CERTIFICATE

Calif. County _____ The year I came to this county: _____ Year I came to California: _____

Birthplace (State or Foreign Country) _____ Date of birth _____ Citizenship _____

Social Security Number _____ Years of education _____ Sex: M F

Principal life occupation _____ Years in Occupation _____

Longest employer _____ Kind of business _____

U.S. Veteran (yes/no) _____ Serial No _____ Branch of Service _____

No. of years in service _____ Date of enlistment _____ Date of discharge _____

Father's full name _____ Father's birthplace _____

Mother's full maiden name _____ Mother's birthplace _____

Race _____ Marital status ___ married ___ divorced ___ widowed ___ never married ___ life partner

Surviving spouse or partner _____

First

Middle

Last (if wife, maiden name)

ARRANGEMENT INFORMATION

see www.fcapeninsula.org for current list of cooperating mortuaries

Mortuary Chosen _____ City _____ Phone _____

Plan Chosen: see www.fcapeninsula.org/FivePlans.html for details

- C1: Direct Cremation
- C2: Direct Cremation, plus scattering ashes at sea.
- B1: Direct Burial (cemetery costs are extra)
- B2: B1 plus graveside service
- B2: Body burial and Funeral Ceremony (cemetery costs extra)

NOTE: Hoping that I may help others, I have also made separate arrangements for donating my body or parts on the condition that they are needed and medically acceptable upon my death. I attach details on a separate piece of paper.

Signed _____

STATEMENT OF DESIRE TO BE CREMATED

I request and authorize that my remains be cremated ___ Yes ___ No

Signature of member _____ Date _____ Witness signature _____ Relationship _____ Date _____

NEXT OF KIN

Name #1 _____ Relationship _____ Telephone _____

Street address _____ City _____ State _____ Zip _____ Email _____

Name #2 _____ Relationship _____ Telephone _____

Street address _____ City _____ State _____ Zip _____ Email _____