



# Bay Area Funeral Consumers Association

P.O. Box 60448, Palo Alto, CA 94306  
(650) 321-2109 phone / (650) 561-8518 fax  
Email: office@ba-fca.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.fcpeninsula.org](http://www.fcpeninsula.org) for current list of cooperating mortuaries

Mortuary Chosen \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Plan Chosen: see [www.fcpeninsula.org/FivePlans.html](http://www.fcpeninsula.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