

FCA-KC

**Funeral Consumers Alliance
of Kern County**
(Formerly Kern Memorial Society)
P. O. Box 1202 Bakersfield, CA 93302-1202
Message Number: (661) 496-9959
Email: fca-kc@live.com
www.fca-kern-county.com

This form is offered as a service so that your wishes may be carried out. It is not a contract.

SURVIVOR INSTRUCTIONS and MORTUARY INFORMATION

PRE-ARRANGEMENT FOR BODILY REMAINS DISPOSITION

Mortuary of Choice:

Basham Funeral Care
3312 Niles Street
Bakersfield, CA 93306
(661) 873-8200

To view the current **Mortuary Price Survey**
go to **www.fca-kern-county.com**, "Documents"

Check Type of Arrangement Preferred:

Cremation: Immediate _____ Delayed _____
Burial: Immediate _____ Delayed _____
Other: _____

Organ Donor: Yes [] No []

Attach separate page for additional instructions, if desired.

The following family member(s) and/or designated agent(s) has/have a copy of my wishes (please include telephone numbers):

AT TIME OF DEATH, SURVIVORS WILL CONTACT MORTUARY

Dated: _____

Signed: _____

(Print Name) _____

Funeral Consumers Alliance of Kern County (CONTINUED)

VITAL STATISTICS FOR DEATH CERTIFICATE

Name: First _____ Middle _____ Last _____

Residence Address _____
Street or P. O. Box _____ State _____ Zip+4 _____

Mailing Address _____
(If Different) Street or P. O. Box _____ State _____ Zip+4 _____

Phone No. _____ **Cell Phone No.** _____

Social Security No. _____ To be provided at death **County** _____

Years in County _____

Date of Birth _____ **Years in State** _____

City & State of Birth _____

Male **Female** **Race** _____ **Education** _____

Hispanic? Yes No

Married **Single** **Widowed** **Divorced** **Military Service** _____

Usual Occupation _____ **Type of Industry** _____ **Years in Occupation** _____

Father's Name :

First _____ Middle _____ Last _____

Birth Place _____ Date of Birth _____

Mother's Maiden

First _____ Middle _____ Last _____

Birth Place _____ Date of Birth _____

Spouse's Name (Wife's Maiden Name) _____

Minor Children (Names and Birth dates)

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Next of Kin / Contact Person

Name _____ Address _____

Phone No. _____ Cell Phone No. _____

Attach separate page for additional instructions, if desired.

DISPOSITION OF CREMATED REMAINS: _____ Release to Family _____