

FCA OF TAMPA BAY, INC.

FCA Member # \_\_\_\_\_

Name: (first,middle,last) \_\_\_\_\_

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Address: (Street or P O Box, City, State, Zip Code) \_\_\_\_\_

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Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow \_\_\_ Maden name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Name of Father \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Length of Residence \_\_\_\_\_ Coming from \_\_\_\_\_

Occupation \_\_\_\_\_

Veteran \_\_\_\_\_ Date Enlisted \_\_\_\_\_ Place \_\_\_\_\_

Rank \_\_\_\_\_ Date Discharged \_\_\_\_\_ Place \_\_\_\_\_

Education \_\_\_\_\_ College Yrs. \_\_\_\_\_

RESPONSIBLE PERSON FOR PAYMENT:

Name \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

The above information is used to complete Death Certificate

SEND A COPY OF BOTH PAGES OF THIS FORM TO THE FCA's ADDRESS ON THE HOME PAGE **AND ALSO TO** THE FCA's ASSOCIATED FUNERAL HOME WHOSE NAME & ADDRESS YOU RECEIVED WHEN YOU JOINED.

**FUNERAL CONSUMERS ASSN. OF TAMPA BAY INC.**  
**Final Arrangement Declaration**

**FCA Member #** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

Members Name: \_\_\_\_\_ Phone: \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Responsible Person:** (Spouse, Health Care Surrogate, Personal Representative)

Name: \_\_\_\_\_ Phone: \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I desire CREMATION and that the ashes be delivered or shipped to:

Name: \_\_\_\_\_ Phone: \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ I desire my BODY BURIAL be in:

Cemetery \_\_\_\_\_ Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ I desire that BODY BE SHIPPED TO:

Funeral Service \_\_\_\_\_ Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ I have executed UNIFORM DONOR CARDS for:  
needed parts or only the following: \_\_\_\_\_

\_\_\_\_\_ I desire that my body be used for MEDICAL RESEARCH. (If a medical school will not accept my body at the time of death, I desire the other option noted above.)

Church or Clergy preference: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_ / \_\_\_\_ - \_\_\_\_

\_\_\_\_\_ service with remains present, \_\_\_\_\_ service without remains, \_\_\_\_\_ no service.

MEMORIAL GIFTS to be given to: \_\_\_\_\_

Address: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

I do hereby declare the above to be my wishes. **I understand that I, my successors, or My Designated Responsible Person must contact and pay the Funeral Director selected by FCA of Tampa Bay Inc., at my death for the services indicated. I have placed copies of this declaration** (1) among my personal papers; I have **discussed my wishes** and have distributed copies of this declaration to: (2) my spouse, (3) my children, (4) my health care surrogate, (5) my primary care doctor, (6) my attorney, (7) my clergy, and/or (8) guardian; and **sent copies to (9) the FCA's Associated Funeral Home** whose name & address you received when you joined the FCA and **(10) FCA of Tampa Bay Inc.** (As a service, FCA of Tampa Bay will endeavor to retain a copy of this).

\_\_\_\_\_  
1<sup>st</sup> witness (Sign and Print)

\_\_\_\_\_  
Member (sign and print)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
2<sup>nd</sup> witness (sign and print)