

Final Arrangement / Vital Statistic Form  
*Funeral Consumers Association (FCA) of Tampa Bay*

Death Certificate Information

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

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Name: (first, middle, last)

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

Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow \_\_\_ Maiden name \_\_\_\_\_

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

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

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

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

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

Occupation: \_\_\_\_\_

Veterans Information:

Branch: \_\_\_\_\_ Date Enlisted: \_\_\_\_\_ Place: \_\_\_\_\_

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

Education (dates): \_\_\_\_\_ College (dates): \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Final Arrangement Declaration

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

Name: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Responsible Person for Arrangements: (Self, Spouse, Health Care Surrogate,  
Personal Representative)

Name: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ 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  
option noted below:**

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

Name: \_\_\_\_\_

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

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

Cemetery: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Funeral Service: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Church or Clergy preference:

Name: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Memorial Gifts are to be given to:

Name: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Additional Instructions:

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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 Associated Funeral Home and (10) FCA of Tampa Bay Inc.** (As a service, FCA of Tampa Bay will endeavor to retain a copy of this).

\_\_\_\_\_ Member (Sign, print & date)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 1<sup>st</sup> witness (Sign, print & date)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 2<sup>nd</sup> witness (Sign, print & date)

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\_\_\_\_\_