

Membership Application
FUNERAL CONSUMERS ALLIANCE OF STANISLAUS/MERCED COUNTIES

P.O. Box 4252
Modesto, CA 95352
(209) 521-7690

Website: www.fcasmc.org Email: support@fcasmc.org

Please complete and return a form for each individual member. Type or print with ball point pen and make a copy for your records and other family members or friends who should have this information. The personal information needed to complete the death certificate as required by the Department of Health of the State of California. Make sure that all sections of this form are completed before sending it and your lifetime membership fee to the Consumer Alliance at the address above. Thank you.

Section 1: MEMBERSHIP APPLICATION AND MEMBER INFORMATION

Name: _____ E-mail address: _____
(Last) (First) (Middle Initial)

Address: _____ Phone: _____
(Street) (City) (State & Zip Code)

Date of Birth: _____ Birthplace: _____ M: _____ F: _____

NOTE: Any change of address should be reported to the society immediately!

Father's Name: _____ Birthplace: _____
(First) (Middle) (Last)

Mother's Birth Name: _____ Birthplace: _____
(First) (Middle) (Maiden Name)

If Veteran: _____ Date Enlisted: _____ Discharged: _____
(Veteran's ID #/DD214) (Branch)

Soc. Sec. #: _____ Marital Status: Never Married Divorced
 Married Widowed

Spouse: _____
(First) (Middle) (Maiden Name)

Occupation: _____ No. of yrs.: _____
(Present or Before Retirement)

Next of Kin: _____ Relationship: _____
(Other Than Spouse)

Address: _____ Phone: _____
(Street) (City) (State & Zip Code)

Alternate Contact: _____ Relationship: _____

Address: _____ Phone: _____
(Street) (City) (State & Zip Code)

Attending Physician's name: _____ Phone: _____

Over, please!

Section 2: INSTRUCTIONS FOR FUNERAL ARRANGEMENTS-TYPE OF SERVICE

Note: Services provided by Allen Mortuary, 247 N. Broadway, Turlock, CA 95380, (209) 634-5829

Part 1: Services Desired

Please indicate the type of service desired:

- Type 1 – CREMATION.
- Type 2 – IMMEDIATE BURIAL. **Calling for the body and transporting it in a casket without embalming to a cemetery.** (Cemetery plot should be arranged in advance, otherwise, embalming may be required at additional charge). Graveside services are available for an additional fee.

There may be an additional charge for service outside of a 35 mile radius of the mortuary.

Part 2: Final Disposition

If cremation is chosen:

- a. I wish my next of kin to claim the ashes or arrange for their disposition.
- b. Other _____

If immediate burial is chosen:

- a. I have made arrangements regarding my interment as follows (Location of burial plot, mausoleum or other instructions).

- b. I wish no memorial service.
- c. I wish a memorial service to be held at: (Indicate church, funeral chapel, private home or other)

Clergyman or other person to conduct service: _____

- d. I leave the decision as to a memorial service to my next of kin.
- e. Instead of flowers, I prefer memorial gifts sent to: _____

Part 3: Declaration

I DECLARE THE FOREGOING TO BE MY WISHES AND AFFIX MY SIGNATURE HERETO.

I understand that the Funeral consumers Alliance of Stanislaus/Merced Counties does not incur any obligation in regard to any of these services requested herein, nor will the society act as agent for me or my next of kin in execution of these instructions. Payment is due the assigned mortician at the time services are rendered.

Date: _____ Signature: _____

(in the case of minor for whom arrangements are being made, parent or guardian must sign).

Section 3: Membership Fee

Enclosed is my check for \$ **35.00** for my lifetime membership in the Funeral Consumer Alliance of Stanislaus and Merced Counties.

Please make your check to FCASMC and send it with this completed form to FCA, PO Box 4252, Modesto, CA 95352

Optional: We welcome your additional tax deductible contribution of \$ _____ to continue the mission of the Alliance.

Total enclosed \$ _____

Still have questions? Call (209) 521-7690 or email support@fcasmc.org