

KEEP WITH YOUR OTHER IMPORTANT PAPERS

Planning Form Vital Statistics



This information is required for Death Certificate - please print legibly

Personal Information:			
Full Legal Name:	First	Middle	Last
Other Name(s)/ AKAs:	First	Middle	Last
Date of Birth:	Month	Day	Year
Birthplace:	City	County	State or Country
Marital Status:	<input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
If married, name of spouse or partner:	First	Middle	Last (must use maiden name)
Father's Name:	First	Middle	Last
Mother's Maiden Name: (Before first marriage)	First	Middle	Last
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ever Served in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security # _____-_____-_____	BAFCA Member # _____
Race(s) List all that apply: _____ _____ _____		Hispanic Ethnicity: <input type="checkbox"/> No <input type="checkbox"/> Yes Choose all that apply: <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other: _____	

Residence:		
Street Address including Apt #:		
City	State	Zip
Resided at this address since:	Year	Residence Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Tribal Reservation Name:	Name of Reservation	

Education/ Occupation:		
Education completed (Highest degree earned):	<input type="checkbox"/> 8 th Grade or Less <input type="checkbox"/> Some college credit, no degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> 9 th -12 th grade: no diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> High School Graduate or GED completed <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Unknown	
Occupation: Kind of work done during most of working life	Do not use "retired", give former occupation(s) i.e. Teacher	
Kind of business or industry	Do not use company name i.e. "Education"	

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Planning Form: Disposition Authorization

California State



I, _____ hereby declare that it is my desire to direct and authorize that upon my death the form of disposition for my remains be: (Choose ONE and initial.)

_____ ALKALINE HYDROLYSIS (Aquamation)
_____ BURIAL
_____ CREMATION

<p>I may further direct that the funeral home or reduction facility release my remains in the following manner:</p> <p><input type="checkbox"/> Release my remains to the following person or persons: Name: _____ Relationship: _____ Address: _____ Phone: _____ Name: _____ Relationship: _____ Address: _____ Phone: _____</p> <p><input type="checkbox"/> Deliver or ship my remains to: Location: _____ City and State: _____</p> <p><input type="checkbox"/> Scatter my remains: Location: _____ City and State: _____</p>	<p>I may further direct that my body be buried at the following:</p> <p><input type="checkbox"/> Cemetery Name of Place of Interment: _____ City/County & State: _____</p> <p><input type="checkbox"/> Mausoleum Name of Place of Interment: _____ City/County & State: _____</p> <p><input type="checkbox"/> I HAVE purchased my cemetery property <input type="checkbox"/> I have NOT purchased my cemetery property</p> <p>Special Instructions to my survivors regarding disposition of my remains: _____ _____ _____ _____</p>
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I direct that all my family and survivors shall honor this authorization. I direct that no funeral home, cemetery, reduction facility, or memorial society shall be liable for arranging or for undertaking the disposition of my remains, if done in reliance on this authorization.

Declarant's Signature: _____ Date: _____
(If Declarant incapacitated, the POA may sign.)

Printed Name of Declarant: _____ Date of Birth: _____

UNDER CALIFORNIA LAW, TO BE VALID, THIS FORM MUST BE SIGNED IN THE PRESENCE OF A WITNESS OR NOTARY PUBLIC:

Witness/Notary Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____



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Planning Form: Other Wishes

Ceremony:

I ☐ do ☐ do not want a service.

If a service is held, I prefer: ☐ Memorial (body not present)
☐ Funeral (body present)
☐ Family's Choice

I ☐ do ☐ do not wish to have a viewing of my body

If a service is held, I would like it held at:

- ☐ Church
- ☐ Mortuary chapel
- ☐ Up to my family to decide
- ☐ Other: _____

Notices:

☐ do ☐ do not want newspaper notices published.

Memorial Gifts:

I ☐ do ☐ do not prefer memorial gifts or donations in lieu of flowers.

If memorials requested, I ask that donations be sent to the following organization(s):

☐ Up to my family to decide

Organ, Tissue, and Full Body Donation: arrangements may need to be registered in advance

I ☐ do ☐ do not wish to donate my eyes, organs, or tissues at the time of my death to the eye bank.

If you wish to donate, contact Donate Life California at (866) 797-2366 or www.donatelifecalifornia.org.

I ☐ do ☐ do not wish to donate my full body to the University of California-San Francisco, Stanford University, University of California-Davis or other university willed body program for teaching or research purposes. *If you wish to donate, you must register with your desired program, please contact:*

- UCSF Willed Body program at (415) 476-1981 or <https://meded.ucsf.edu/willed-body-program>
- Stanford Medical School (650)725-6624 or <http://med.stanford.edu/anatomy/donate.html>
- UC-Davis Donated Body Program Curator at (916) 734-9560 or <http://ucdmc.ucdavis.edu/bodydonation>

Other Requests/Suggestions for Remembrance:

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Planning Form: Contacts

This information will be needed by the Funeral Home - Please print legibly

Next of Kin: _____ Relationship: _____

Email Address: _____ Primary Phone: _____

Next of Kin: _____ Relationship: _____

Email Address: _____ Primary Phone: _____

Next of Kin: _____ Relationship: _____

Email Address: _____ Primary Phone: _____

MAKE A COPY FOR YOUR NEXT OF KIN

HAVE NEXT OF KIN PRESENT THIS FORM TO FUNERAL HOME AT TIME OF DEATH

When a Death Occurs

1. Choose the Bay Area Funeral Consumers Association Contracted Funeral Home you wish to use. This may be done before death occurs but does not have to be.
 - a. Go to bafca.org for the current list of partnering funeral homes.
 - b. Call 1-650-321-2109 A live person will answer to direct you to the closest contracted funeral home.
2. Call the funeral home directly to notify them of the death. Let them know the deceased is a member of Bay Area Funeral Consumers Association.
3. The body will then be taken into the care of the funeral home. There is no rush. If you wish more time with the body before the funeral home arrives, simply let the funeral home know you want them to arrive later.
4. Next-of-kin makes an appointment with the funeral home to make arrangements.
5. Bring or send to the funeral home this completed form and/or Designated Agent forms, if appropriate.
6. If you wish to access veteran's benefits, send or bring along a copy of the military discharge papers (DD-214).

A Bay Area Funeral Consumers Association Membership is not a prepaid funeral plan. Payment is due to the funeral home at time of arrangements.

No cremation or burial may take place until the death certificate is signed by the physician and filed with the Department of Health. In some cases, there must also be a review of cause of death by the Medical Examiner prior to disposition.

For those choosing cremation, arrange to pick up the urn of ashes from the funeral home once the process is completed—typically in 5 to 10 business days.

BAY AREA FUNERAL CONSUMERS ASSOCIATION

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