

Putting My House in Order

Personal Instruction for Funeral Consumers Alliance of Idaho Cooperating Mortuary

Complying with Idaho Code Title 54 Chapter 11 Sections 1139, 1140, 1141, 1142

New instruction Date: _____ Revised instruction

Mail completed form to:

Accent Funeral Services

1303 N Main Street
Meridian ID 83642
(208) 888-5833

** OR **

Rosenau Funeral Home and Crematory

2826 Addison Avenue East
Twin Falls ID 83301
(208) 944-3373

Part I: INFORMATION REQUIRED FOR IDAHO DEATH CERTIFICATE

Last Name			First			Middle		
Address					City			
State		Zip		County		Inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
Resided in this state since				If this is NOT a permanent address, give STATE of residence				
Date of Birth(MM/DD/YYYY)				Place of Birth			Country of Citizenship	
Social Security Number					Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native								
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify)								
Hispanic origin (Check one or more to best describe)				<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano				
<input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify)								
<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					Full Name Spouse:			
Occupation: Kind of business or Industry (even if retired)?								
Kind of work most of life?								
Years of Education (circle highest complete) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 20+								
Father's Full Name					Place of Birth			
Mother's Full Name					Place of Birth			
Names of Next of Kin 1 -				City		State		Phone
2 -								
3 -								
Military Service		Branch		Seral Number			Rate/Rank	
VA Claim Number				Place/Date of Entry			Place/Date of Discharge	
Physician's Name					City			Phone

PART II: PREFERENCES FOR SERVICE

<input type="checkbox"/> Memorial service after disposition <input type="checkbox"/> Funeral service with remains present. <input type="checkbox"/> No service of any kind	<input type="checkbox"/> No viewing of body <input type="checkbox"/> Body to be embalmed <input type="checkbox"/> No embalming (if permissible) <input type="checkbox"/> Obituary in newspaper	<input type="checkbox"/> I wish to leave all decisions to my survivors or friends
Person to officiate at service		
Location of service		
Memorial gifts sent to: <input type="checkbox"/> Funeral Consumers Alliance of Idaho <input type="checkbox"/> Other (specify)		
Other wishes--see Part IV		

PART III: BODY DISPOSAL

Organ Donation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Organs to be donated
<input type="checkbox"/> Cremation	Disposition of ashes <input type="checkbox"/> By family <input type="checkbox"/> By mortuary <input type="checkbox"/> Other(specify)		
<input type="checkbox"/> Burial	Disposition of remains <input type="checkbox"/> Earth burial <input type="checkbox"/> Mausoleum crypt or niche		
Own cemetery lot or mausoleum space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes <input type="checkbox"/> Cemetery plot <input type="checkbox"/> Mausoleum crypt <input type="checkbox"/> Mausoleum niche
	Name of cemetery or mausoleum		
	City, State		
	Plot or Niche number		

PART IV: OTHER INSTRUCTIONS

Additional instructions or other wishes

I have discussed my wishes with: family friends personal representative None of these

PART V: SIGNATURE

Signature	Date
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