

Putting My House in Order
Personal Instruction for FCA 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, Idaho 83642

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		Serail 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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STATE OF IDAHO)
) ss.
 County of _____)

This document, consisting of 2 pages, was subscribed, sworn to, and acknowledged before me by _____ this _____ day of _____, _____.

 Notary Public for Idaho
 Commission expires: _____