



**Funeral Consumers Alliance
of Kern County**
(Formerly Kern Memorial Society)
P. O. Box 1202 Bakersfield, CA 93302-1202
www.funerals.org/kern

This form is offered as a service so that your wishes may be carried out. It is not a contract.

SURVIVOR INSTRUCTIONS and MORTUARY INFORMATION

PRE-ARRANGEMENT FOR BODILY REMAINS DISPOSITION

Mortuary:

Basham Funeral Care
3312 Niles Street
Bakersfield, CA 93306
(661) 873-8200

Other:

Check type of service preferred:

Cremation: Immediate _____ Delayed _____

Burial: Immediate _____ Delayed _____

Other: _____

Organ Donor: Yes [] No []

Attach separate page for additional instructions, if desired.

The following family member(s) and/or designated agent(s) has/have a copy of my wishes (please include telephone numbers):

AT TIME OF DEATH, SURVIVORS WILL CONTACT MORTUARY

Dated: _____

Signed: _____

Funeral Consumers Alliance of Kern County (CONTINUED)

VITAL STATISTICS FOR MEMBERSHIP RECORDS AND DEATH CERTIFICATE

Name:

First _____ Middle _____ Last _____

Mailing Address _____
Street or P. O. Box State Zip+4

Phone _____ County _____ Years in County _____ Years in State _____

Date of Birth _____ City & State of Birth _____

Social Security Number _____ Railroad Retirement Number _____
Optional

Male _____ Female _____ Race _____ Hispanic? Yes ___ No ___ Education _____

Married _____ Single _____ Widowed _____ Divorced _____ Military Service _____

Father's Name _____ Birth State _____
First Middle Last

Mother's Maiden Name _____ Birth State _____
First Middle Last

Spouse's Name (Wife's Maiden Name) _____

Minor Children (Names and Birthdates)

