

SERVICE RECORD FORM FOR MEMBERS OF THE FCA of Suncoast FL **NEW**

Funeral Consumers Alliance of Suncoast Florida, Inc.
P.O. Box 15833
Sarasota, FL 34277
(941) 953-3740

Participating Funeral Homes (Check your choice.)
☐ All Veterans All Families Funerals & Cremations
☐ Brewer and Sons Funeral Home
☐ Robert Toale & Sons (formerly Wiegand Brothers)
☐ Your Traditions Cremation & Funeral Chapel

FIRST NAME		MIDDLE NAME	LAST NAME
STREET ADDRESS		CITY	ZIP CODE
SEX	RACE	DATE OF BIRTH	PHONE
OCCUPATION (before retirement)		WHERE?	BIRTHPLACE
FATHER'S NAME		MOTHER'S MAIDEN NAME	
VETERAN? If yes, please enclose copy of discharge papers.		WHICH WAR?	EDUCATION (highest grade – state requirement)
SOCIAL SECURITY NUMBER		CHURCH AFFILIATION	
MEMORIAL SERVICE REQUESTED? YES NO Minister Place of Service		DISPOSITION OF ASHES:	
NAME OF CEMETERY		LOCATION	
NEXT OF KIN: Husband or Wife (If wife is next of kin, list maiden name also)		PERSON FINANCIALLY RESPONSIBLE FOR PAYMENT	
OTHER SURVIVORS: (List parents, children, brothers, and sisters. Give name, city and state. List number of grandchildren only.)			
CITY AND STATE MOVED HERE FROM:			
ORGANIZATIONS: (Include Funeral Consumers Alliance)			
Alliance membership card number: (To be filled in by the secretary)		I HAVE SELECTED FUNERAL TYPE # (From FCA brochure)	
YOUR SIGNATURE		DATE THIS FORM WAS COMPLETED	

A COPY OF THIS FORM WILL BE SENT TO YOUR FUNERAL DIRECTOR. A COPY WILL ALSO BE FILED WITH THE ALLIANCE SECRETARY. THE ORIGINAL WILL BE RETURNED TO YOU TO SHARE WITH YOUR FAMILY.

YOUR ARRANGEMENTS MAY BE CHANGED AT ANY TIME BY REQUESTING A BLANK FORM FROM THE ALLIANCE SECRETARY (941) 953-3740 OR BY DOWNLOADING AN UPDATE FORM FROM OUR WEBSITE: www.FCASuncoastFL.com