

**FUNERAL CONSUMERS ALLIANCE OF THE FINGER LAKES**  
P.O. Box 134, Ithaca, NY 14851-0134 • (607) 273-8316 • email: info@imsfca.org

**ENROLLMENT FORM**

TWO WITNESSED COPIES ARE REQUIRED, ONE FOR THE MEMBER AND ONE FOR THE FCAFL

Full name \_\_\_\_\_

Address (incl. Zip Code) \_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Occupation before retirement \_\_\_\_\_

Military Service \_\_\_\_\_ Dates of Service \_\_\_\_\_ Serial No. \_\_\_\_\_

I desire the following service:

- Type I: Cremation
- Type II: Private burial
- Type III: Funeral service and cremation
- Type IV: Funeral service and burial
- Type V: Donation of body to Medical School
- None of the above. I will make other funeral plans.

*See information in the current Alliance brochure for prices and details. Prices cover only the services specified in the brochure. If other types of services are desired, they may be arranged by using the funeral home's General Price List.*

Funeral establishment selected \_\_\_\_\_ Phone No. \_\_\_\_\_

I carry a signed Uniform Donor Card offering my body or any of its parts for medical purposes. (Indicate Medical School, Eyebank, etc.) \_\_\_\_\_

I hereby consent to an autopsy if requested by medical authorities.

Cremation:  Funeral director to give ashes to survivors.

Cemetery where lot owned: \_\_\_\_\_

Memorial Service:  Yes.  No.  I prefer to leave decisions to my survivors as to nature, place, and kind of service to be held or not held.  Other instructions are attached.  I prefer flowers.

Memorial donations, in lieu of flowers, made to: \_\_\_\_\_

Dependent persons, under age 18:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

The above and any pages attached indicate my wishes.

**Member's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Witness address \_\_\_\_\_ Tel # \_\_\_\_\_