

OREGON MEMORIAL ASSOCIATION

Please complete this form, and mail one copy to:

OMA, P.O. Box 13306 Portland, Oregon 97213

Portland area number 503-647-5590 Toll free number 1-888-475-5520

www.fca-oregon.org fcaoregon@gmail.com

This is **not** a contract
nor an application form.
It will be forwarded to the
mortuary you have selected.

- PERSONAL INSTRUCTION FORM -

Circle One: (NEW) (REVISED)

FCAO Member# _____ Date joined _____ Today's Date _____

NAME _____
(First) (Middle) (Last)

RESIDENCE _____
(Street & Number) (City) (State/Zip) (Phone)

MAILING ADDRESS (if different) _____

E-MAIL ADDRESS _____

RACE _____ SEX _____ BIRTH DATE _____ BIRTHPLACE _____

USUAL OCCUPATION _____ BUSINESS _____
(work done most of working life)

SOCIAL SECURITY # _____ YEARS OF EDUCATION _____

FATHER'S NAME _____
(First) (Middle) (Last)

MOTHER'S NAME _____
(First) (Middle) (Last)

VETERAN? [] Yes [] No Branch of Service _____ Service # _____

Date Enlisted _____ Date Discharged _____ Rank _____

SPOUSE'S NAME _____ SPOUSE'S BIRTH DATE _____
(First) (Middle) (Last)

SURVIVORS? PERSONS TO CONTACT

Please give a minimum of two names, addresses and phone numbers of closest relatives or friends

MORTUARY SELECTION (from FCAO listing) _____

DISPOSITION PREFERENCE: Cremation ____ Earth Burial ____ Mausoleum ____ Other _____

ANATOMICAL DONATION? _____ I do ____ do not ____ own cemetery property.

MEMORIAL SERVICE:

[] None [] After disposition of remains [] Remains present [] Leave this decision to survivors / friends.

Services to be held at: _____ (church, funeral home, other)

Memorial contributions and/or other wishes: _____

