FUNERAL CONVERGENCE

CALIFORNIA CREMATORY ORDER FORM

Licensed Crematory Market Share Reports

Standardized 2026 Edition

1 Select County

Check every county to include.

- ☐ Alameda
- ☐ Alpine
- ☐ Amador
- ☐ Butte
- ☐ Calaveras
- ☐ Colusa
- ☐ Contra Costa
- ☐ Del Norte
- ☐ El Dorado
- ☐ Fresno
- ☐ Glenn
- ☐ Humboldt
- ☐ Imperial
- ☐ Inyo
- ☐ Kern
- ☐ Kings
- ☐ Lake
- ☐ Lassen
- ☐ Los Angeles
- ☐ Madera
- ☐ Marin
- ☐ Mariposa
- ☐ Mendocino
- ☐ Merced
- ☐ Modoc
- ☐ Mono
- ☐ Monterey
- ☐ Napa
- ☐ Nevada
- ☐ Orange
- ☐ Placer
- ☐ Plumas
- ☐ Riverside
- ☐ Sacramento
- ☐ San Benito
- ☐ San Bernardino
- ☐ San Diego
- ☐ San Francisco
- ☐ San Joaquin
- ☐ San Luis Obispo
- ☐ San Mateo
- ☐ Santa Barbara
- ☐ Santa Clara
- ☐ Santa Cruz
- ☐ Shasta
- ☐ Sierra
- ☐ Siskiyou
- ☐ Solano
- ☐ Sonoma
- ☐ Stanislaus
- ☐ Sutter
- ☐ Tehama
- ☐ Trinity
- ☐ Tulare
- ☐ Tuolumne
- ☐ Ventura
- ☐ Yolo
- ☐ Yuba

Total County Selected: _____

2 Choose report frequency and period

Pricing is per county.

	Report option	Starting period	County	Rate	Extended total
☐	**Quarterly subscription**	Quarter: Q1 Q2 Q3 Q4	_____	**$150**	$ _____
☐	**2026 annual report**	Full year	_____	**$550**	$ _____
☐	**2025 annual report**	Full year	_____	**$550**	$ _____
☐	**2024 annual report**	Full year	_____	**$550**	$ _____
☐	**Prior-year annual report**	Year: _____	_____	**$550**	$ _____

ORDER TOTAL: $ _____

Quarterly selections renew automatically until canceled. All reports are delivered by email.

3 Purchaser and credit card information

Purchaser / organization: _____ Attention: _____

Mailing address: _____ City / State / ZIP: _____

Email: _____ Telephone: _____

Card type: ☐ **VISA** ☐ **MasterCard** ☐ **American Express** ☐ **Discover**

Name of cardholder: _____ Cardholder telephone: _____

Card number: _____ Expiration date: _____

Security code: _____ (3-digit or 4-digit AMEX) Billing address: _____

Authorized signature: _____ **Date:** _____

Credit-card billing authorization applies to this order and any selected recurring subscription. **Order total: $** _____

Submit: **Info@FuneralConvergence.com** **Fax:** (858) 367-7734 **Mail:** P.O. Box 1489, Palm Springs, CA 92263-1489