FUNERAL CONVERGENCE

MINNESOTA FUNERAL ESTABLISHMENT ORDER FORM

Market Share Reports | Total by Funeral Establishment

1 Select County

Check every county to include.

- ☐ Aitkin
- ☐ Anoka
- ☐ Becker
- ☐ Beltrami
- ☐ Benton
- ☐ Big Stone
- ☐ Blue Earth
- ☐ Brown
- ☐ Carlton
- ☐ Carver
- ☐ Cass
- ☐ Chippewa
- ☐ Chisago
- ☐ Clay
- ☐ Clearwater
- ☐ Cook
- ☐ Cottonwood
- ☐ Crow Wing
- ☐ Dakota
- ☐ Dodge
- ☐ Douglas
- ☐ Faribault
- ☐ Fillmore
- ☐ Freeborn
- ☐ Goodhue
- ☐ Grant
- ☐ Hennepin
- ☐ Houston
- ☐ Hubbard
- ☐ Isanti
- ☐ Itasca
- ☐ Jackson
- ☐ Kanabec
- ☐ Kandiyohi
- ☐ Kittson
- ☐ Koochiching
- ☐ Lac qui Parle
- ☐ Lake
- ☐ Lake of the Woods
- ☐ Le Sueur
- ☐ Lincoln
- ☐ Lyon
- ☐ Mahnomen
- ☐ Marshall
- ☐ Martin
- ☐ McLeod
- ☐ Meeker
- ☐ Mille Lacs
- ☐ Morrison
- ☐ Mower
- ☐ Murray
- ☐ Nicollet
- ☐ Nobles
- ☐ Norman
- ☐ Olmsted
- ☐ Otter Tail
- ☐ Pennington
- ☐ Pine
- ☐ Pipestone
- ☐ Polk
- ☐ Pope
- ☐ Ramsey
- ☐ Red Lake
- ☐ Redwood
- ☐ Renville
- ☐ Rice
- ☐ Rock
- ☐ Roseau
- ☐ Scott
- ☐ Sherburne
- ☐ Sibley
- ☐ St. Louis
- ☐ Stearns
- ☐ Steele
- ☐ Stevens
- ☐ Swift
- ☐ Todd
- ☐ Traverse
- ☐ Wabasha
- ☐ Wadena
- ☐ Waseca
- ☐ Washington
- ☐ Watonwan
- ☐ Wilkin
- ☐ Winona
- ☐ Wright
- ☐ Yellow Medicine

Total County Selected: _____

2 Choose report period

2025 is the most current annual report. Pricing is per county.

	Report option	Starting period	County	Rate	Extended total
☐	**2025 annual report**	Full year	_____	**$550**	$ _____
☐	**2024 annual report**	Full year	_____	**$550**	$ _____
☐	**2023 annual report**	Full year	_____	**$550**	$ _____
☐	**Prior-year annual report**	Year: _____	_____	**$550**	$ _____

ORDER TOTAL: $ _____ 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:** _____

Additional report request: _____ **Order total: $** _____

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