



## FUNERAL CONVERGENCE

**Massachusetts Market**  
**Share Reports**  
**Statistical Case Report**  
**Total By Funeral Establishment**  
**ORDER FORM**

**SELECT COUNTY**

<input type="checkbox"/> Barnstable	<input type="checkbox"/> Franklin	<input type="checkbox"/> Plymouth
<input type="checkbox"/> Berkshire	<input type="checkbox"/> Hampden	<input type="checkbox"/> Suffolk
<input type="checkbox"/> Bristol	<input type="checkbox"/> Middlesex	<input type="checkbox"/> Worcester
<input type="checkbox"/> Dukes	<input type="checkbox"/> Nantucket	
<input type="checkbox"/> Essex	<input type="checkbox"/> Norfolk	

**(Note: 2025 Annual Report will be available approx. July 2026)**

<b>2025 Annual</b>	<b>TOTAL NUMBER OF COUNTIES SELECTED</b> <input type="text"/> at \$ 400 each = \$ <input type="text"/> All Reports are mailed US Mail
--------------------	---

<b>2024 Annual</b>	<b>TOTAL NUMBER OF COUNTIES SELECTED</b> <input type="text"/> at \$ 400 each = \$ <input type="text"/> All Reports are mailed US Mail
--------------------	---

<b>2023 Annual</b>	<b>TOTAL NUMBER OF COUNTIES SELECTED</b> <input type="text"/> at \$ 400 each = \$ <input type="text"/> All Reports are mailed US Mail
--------------------	---

<b>2022 Annual</b>	<b>TOTAL NUMBER OF COUNTIES SELECTED</b> <input type="text"/> at \$ 400 each = \$ <input type="text"/> All Reports are mailed US Mail
--------------------	---

<b>2021 Annual</b>	<b>TOTAL NUMBER OF COUNTIES SELECTED</b> <input type="text"/> at \$ 400 each = \$ <input type="text"/> All Reports are mailed US Mail
--------------------	---

Purchaser: <input type="text"/>	Attn: <input type="text"/>
Mailing Address: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
Email: <input type="text"/>	Telephone: ( <input type="text"/> ) <input type="text"/>

Type of Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
---------------	-------------------------------	-------------------------------------	---	-----------------------------------

Name of Cardholder (please print): <input type="text"/>	Telephone # <input type="text"/>
---	----------------------------------

Card Number: <input type="text"/>	Expiration Date: <input type="text"/>
-----------------------------------	---------------------------------------

3 Digit ID # on Reverse of Card: <input type="text"/>	4 Digit ID # on Front of American Express: <input type="text"/>
---	---

Credit Card Billing Address: <input type="text"/>
---

Fax your order to: (888) 959-9105      or      Email your order to: [Info@FuneralConvergence.com](mailto:Info@FuneralConvergence.com)

Mail your order and check to:    FUNERAL CONVERGENCE    Post Office Box 1571    Long Beach, CA 90801-1571