



*Beach Cities*

**CREMATION SOCIETY**

# Fax

**To:**

**From:**

**Fax:**

**Pages:**

**Phone:**

**Date:**

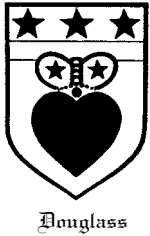
**Re:**

**CC:**

Urgent     For Review     Please Comment     Please Reply     Please Recycle

500 EAST IMPERIAL AVENUE SUITE B + EL SEGUNDO, CALIFORNIA  
90245

TELEPHONE (888) 337-2646 + FAX (310) 640-0778 + FD 2093



# Beach Cities

## CREMATION SOCIETY

500 E. Imperial Ste. B El Segundo, CA 90245 - 310.640.9475 - Fax. 310.640.0778  
Liz@BeachCitiesCremationSociety.com FD2093

Print this form, fill in the death certificate information and fax it to  
(All questions must be answered. If you do not know the answer, simply write *Unknown* in the space)

1. Name of the **Deceased**:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

2. Did the **Deceased** go by any other name?

AKA (Also Know As) - If yes, include full name - If no, leave blank \_\_\_\_\_

3. **Deceased's** date of death: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ **Weight:** \_\_\_\_\_

4. **Deceased's** date of birth \_\_\_\_\_ State or Foreign Country of Birth: \_\_\_\_\_

5. Social Security Number of the **Deceased**: \_\_\_\_\_

6. Was the **Deceased** Ever in the U.S. Armed Forces? \_\_\_\_\_

7. What is the **Deceased's** marital status?  Married  Widowed  Divorced  Never Married

8. What is the highest level/degree of education obtained by the **Deceased**? \_\_\_\_\_  
(7<sup>th</sup> Grade, High School, AA, BA, PhD)

9. What is the **Deceased's** race? You may enter up to three races.

\_\_\_\_\_

10. If Race is other, please specify: \_\_\_\_\_

11. If Race is American Indian, please specify Tribe (s): \_\_\_\_\_

12. What was the **Deceased's** usual occupation?

The type of work done for most of his/her life. **Do not use RETIRED.** \_\_\_\_\_

13. What kind of business or industry did the **Deceased** work in?

(e.g., Grocery store, road construction, employment agency, ect) \_\_\_\_\_

14. How many years did the **Deceased** work in this occupation? \_\_\_\_\_

15. Where is the **Decedent's** residence? (Physical address. No P.O. Boxes please.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Province: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

16. How many years did the **Deceased** live in the County/Province? (Total number of years) \_\_\_\_\_

17. What is the name of the person providing this information?

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

18. What is the informant's Relationship to the **Deceased**? \_\_\_\_\_

19. What is the Mailing address of the person providing this information?

(street and number or rural route number, city, or town, state, ZIP)

Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Province: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

20. What is the name of the **Deceased's** Spouse? (*If married*)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last (Maiden Name): \_\_\_\_\_

21. What is the **Deceased's** Father's Name?

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

22. What state/foreign country was the **Deceased's** father born in? \_\_\_\_\_

23. What is the **Deceased's** Mother's Name?

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last (Maiden Name): \_\_\_\_\_

24. What state/foreign country was the **Deceased's** mother born in? \_\_\_\_\_

25. Where is the **Deceased's** final place of disposition going to be?

\_\_\_\_\_

**If the remains are to be buried please put down the name and location of the cemetery. In the case of cremation, if the remains are going to a personal residents, please put down the name of the person in charge of the cremated remains and their address. If the cremated remains are going to be scattered, please put down the place where the scattering will take place.**

To the best of my knowledge, the information on this page is correct and accurate:

Signature of the person providing this information: \_\_\_\_\_



SM

# Beach Cities

## CREMATION SOCIETY

"A FULL SERVICE CREMATION AND FUNERAL PROVIDER"

Douglass

### Authorization for Release of Remains

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (        ) \_\_\_\_\_ - \_\_\_\_\_

**Please read and answer all questions before signing**

WAS THE DECEDENT LEGALLY MARRIED AT THE TIME OF DEATH?... \_\_\_\_\_

DOES THE DECEDENT HAVE ANY LIVING ADULT CHILDREN?..... \_\_\_\_\_

#### HEALTH AND SAFETY CODE \* CHAPTER 3 \* CUSTODY AND DUTY OF INTERMENT

7100. The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in, and the duty of interment and the liability for the reasonable cost of interment of such remains devolves upon the following in the order named: (a) An Agent under Power of Attorney for Health Care. (b) The surviving competent spouse. (c) The surviving competent adult child or majority of the adult children of the decedent. (d) The surviving competent parent or parents of the decedent. (e) The surviving competent adult person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent. (f) The Public Administrator when the deceased has sufficient assets.

"WARNING: THE PERSON SIGNING THIS ORDER FOR RELEASE IS LIABLE FOR ALL DAMAGES CAUSED BY ANY UNTRUTHFUL STATEMENTS CONTAINED IN THIS DOCUMENT. (HEALTH AND SAFETY CODE SECTION 7110)."

Please release the remains of the deceased, \_\_\_\_\_

To: Beach Cities Cremation Society 500 E. Imperial Ave. Suite B, El Segundo, CA 90245 including their agents.

I understand that for storage or embalming purposes the decedent may be transported to the following licensed establishments: Macera Crematorium, 1020 Fuller St., Santa Ana, CA 92701 (holding center for cremation) OR Douglass Family Mortuary, 3363 East Imperial Highway, Lynwood, California 90262 (holding center for embalming). The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

**I Declare Under Penalty of Perjury that the foregoing is true and correct.**

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at City \_\_\_\_\_ State \_\_\_\_\_



**AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING**

TO: \_\_\_\_\_  
(Funeral Establishment Name)

RE: \_\_\_\_\_  
(Decedent)

Embalming is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. I understand that embalming is not required by law.

I, \_\_\_\_\_, do \_\_\_ do not \_\_\_ (Check one) request embalming.

I understand that for storage or embalming purposes the decedent may be transported to the following location:

\_\_\_\_\_  
(Location Name and Address)

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: \_\_\_\_\_, Relationship to Decedent: \_\_\_\_\_

Executed this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
(Month) (Year) (City and State)

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained orally.

The above statement regarding embalming and storage was read and/or provided to \_\_\_\_\_, Relationship to Decedent: \_\_\_\_\_

who did \_\_\_ did not \_\_\_ (check one) authorize embalming at the above named funeral establishment. Telephone Number: \_\_\_\_\_

Date and time authorization granted: \_\_\_\_\_

This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
(Month) (Year) (City and State)

\_\_\_\_\_  
Funeral Establishment representative (print name)

\_\_\_\_\_  
Funeral Establishment representative (signature)

## Disclosure of Preneed Funeral Agreement

The funeral establishment, BEACH CITIES CREMATION SOCIETY,  
(funeral establishment name)  
license number FD 2093, **DOES** \_\_\_\_\_, **DOES NOT** \_\_\_\_\_ (check one) have a preneed arrangement, as  
defined below, made by or on behalf of \_\_\_\_\_.  
(name of decedent)

If the funeral establishment **does have** a preneed agreement, complete the following:

In compliance with Business and Professions Code Section 7745, the funeral establishment has presented to the person named below a copy of any preneed agreement which has been signed and paid for in full, or in part by, or on behalf of the deceased and is in the possession of the funeral establishment.

\_\_\_\_\_  
Signature of funeral establishment representative

\_\_\_\_\_  
Date

**“Preneed arrangement,”** “preneed agreement” or “preneed” is written instruction regarding goods or services or both goods and services for final disposition of human remains when the goods or services are not provided until the time of death, and may be either unfunded or paid for in advance of need.

**Funeral Establishment’s Responsibility** – Business and Professions Code Section 7745 requires a funeral establishment to present to the survivor of the decedent or the responsible party a copy of any preneed agreement in its possession which has been signed and paid for in full, or in part by, or on behalf of the deceased. Business and Professions Code Section 7685.6 requires a copy of any preneed arrangements to be disclosed prior to drafting any contract for funeral goods or services. The funeral establishment may present the copy in person, by certified mail, or by facsimile transmission, as agreed upon by the person with the right to control disposition. A funeral establishment that knowingly fails to present a preneed agreement as required is liable for a civil fine equal to three times the cost of the preneed agreement, or one thousand dollars (\$1,000), whichever is greater.

**You may contact** the Cemetery and Funeral Bureau for more information on funeral, cemetery or cremation matters or to file a complaint against a licensee:

Cemetery and Funeral Bureau  
1625 North Market Blvd., Suite S-208  
Sacramento, CA 95834  
916-574-7870

\_\_\_\_\_  
Signature of the survivor or responsible party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of the survivor or responsible party

\_\_\_\_\_  
Signature of funeral establishment representative

\_\_\_\_\_  
Date

LIZETTE VELASCO

FUNERAL COUNSELOR

\_\_\_\_\_  
Print name of funeral establishment representative

\_\_\_\_\_  
Title

The funeral establishment must:

- Give a copy of the completed statement to the survivor or responsible party.
- Retain the original or a copy of the completed disclosure statement on file for not less than one (1) year after the preneed account has been audited by the Bureau or seven (7) years from the date the disclosure statement was made, whichever comes first.



# CREMATION AUTHORIZATION

FOR MORE INFORMATION ON FUNERAL, CEMETERY AND CREMATION MATTERS, CONTACT: THE DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 NORTH MARKET BLVD., SACRAMENTO, CA 95834. PHONE: (916) 574-7870.

## AUTHORIZATION

I (We), the undersigned (the "Authorizing Agent(s)"), hereby request and authorize (name of funeral home) **Beach Cities Cremation Society** (hereinafter referred to as "Funeral Home") to take possession of and make arrangements for the cremation of the decedent named below (the "Decedent") in accordance with and subject to the provisions set forth in this document, at MACERA CREMATORY (hereinafter referred to as the "Crematory") and in accordance with and subject to their rules and regulations, and subject to any applicable state or local laws or regulations.

Name of Deceased _____	Sex: _____
Address: _____	
Date of Birth _____	Date of Death _____

## PACEMAKERS, DEFIBRILLATORS AND OTHER ELECTRONIC IMPLANTS

Electronic devices or implants in the decedent may create a hazardous condition when placed in a cremation chamber. All electronic implants must be removed prior to cremation.

➔ I/WE Certify that the remains of the deceased Initial \_\_\_\_\_ DO Initial \_\_\_\_\_ DO NOT contain any type of implanted Mechanical or radioactive device

The following list contains all existing devices implanted in or attached to the decedent that should be removed prior to cremation and Funeral Establishment has been authorized to remove the devices:

Devices: \_\_\_\_\_

## CREMATION PROCESS

Statutory definition pursuant to Health and Safety Code 7054.7(b): The human body burns with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the cremation chamber. During the cremation, the contents of the chamber may be moved to facilitate incineration. The chamber is composed of ceramic or other material, which disintegrates slightly during each cremation, and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material, and small amount of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and interred in a dedicated cemetery property, or scattered at sea.

## WITNESSED CREMATIONS

The crematory permits witness cremations by appointment only. It is assumed that the Authorizing Agent does not request a witness cremation of the herein named decedent. If a witness cremation is desired, the Authorizing Agent will arrange scheduling and participants through the Funeral Establishment.

➔ I/We desire to identify the remains before cremation Initial \_\_\_\_\_ No Initial \_\_\_\_\_ Yes (additional fee)  
I/We desire to witness the cremation process Initial \_\_\_\_\_ No Initial \_\_\_\_\_ Yes (additional fee)

## CREMATORY

The undersigned authorizes the Funeral Establishment and Crematory to perform the cremation process at an alternate crematory should the Crematory be unable to cremate the decedent in a timely manner because of cremator repairs, malfunctions, weight limitations, backlog or other exigent circumstances.

## CREMATION CONTAINERS

The Crematory and state law requires a durable container for the cremation. All cremation containers must be combustible, leak resistant and closed. The Crematory is authorized to remove and dispose of handles, ornaments, and any other noncombustible items attached to the cremation container prior to cremation.

## CREMATION CONTAINER / CREMATED REMAINS CONTAINER PROVIDED

Description of Cremation Container Cardboard Cremation Container

Description of Cremated Remains Container Durable Plastic Urn



### **CREMATED REMAINS CONTAINERS**

After the cremated remains have been processed, they will be placed in the designated cremated remains container. The Crematory will make a reasonable effort to put all of the cremated remains in the cremated remains container, with the exception of dust or other residue that may remain on the processing equipment. In the event the cremated remains container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate cremated remains container, which will be secured to the primary cremated remains container unless the Authorizing Agent has requested splitting of the cremated remains for multiple dispositions. Adult cremated remains containers should have a minimum volume of 200 cubic inches.

### **DISCLOSURES, WARRANTIES, AND PERMISSIONS**

By signing or electronically agreeing to this document, I(We) certify, understand and acknowledge the following:

That the deceased person named above has not given other specific directions concerning the disposal of his/her remains

That I(we) are the majority of the right holders of the Decedent; or otherwise have charge of the remains of the Decedent and possess full legal authority and power, according to the laws of the state to execute this authorization form and arrange for the cremation and disposition of the cremated remains of the Decedent;

That I(we) are not aware of legal objection to this cremation by any spouse, child, parent or sibling;

That incidental or inadvertent commingling of the cremated remains may occur, including the incidental commingling of the cremated remains resulting from the processing of the remains, and the disposal or recycling (with other residuals) by the Crematory of metal or other non human material recovered to which may be affixed bone particles;

That if I(we) wish to remove and/or retain any items from the remains, I(we) must do so directly or by designated representative prior to the cremation process;

That the cremation process may destroy dental gold, silver, jewelry, or mementos, and to that extent (a) understand that dental gold and silver, jewelry and mementos to the extent it may be identified may be returned to the cremated remains container and (b) understand that dental gold and silver, jewelry and mementos that cannot be identified may not be returned to the cremated remains container and hereby direct the crematory to dispose of unidentified dental gold and silver, mementos and jewelry in a lawful manner which may include recycling of surgical metal.

→ \_\_\_\_\_ Initial

### **INDEMNITY**

I(We) declare under penalty of perjury that the foregoing certifications, representations, and statements are true and correct, and that this statement is being made to induce the Funeral Establishment and Crematory to cremate (or cause to be cremated) the remains of the Decedent named above. (Health and Safety Codes 7110 and 7111) I agree to hold harmless, indemnify and defend the above named Funeral Establishment and Crematory as well as their representatives, directors, officers, agents, employees, shareholders, from and against all claims, liabilities, or damages whatsoever which may result from this authorization and order including the failure to properly identify the remains, failure to take possession or make the proper arrangements for the final disposition of cremated remains, the processing of remains, shipping of remains, any explodable implant, infectious diseases, other persons claiming rights to control disposition of the remains, or any other cause. No warranties, express or implied are made and damages shall be limited to the amount of the cremation fee paid.

### **RIGHT TO CONTROL DISPOSITION**

The right to control disposition of the remains of the deceased person vests upon the following in the order named:

1. The decedent by provisions in a Will or by a prearranged clear and funded contract with a funeral establishment.
2. The attorney in fact (agent) of a California Power of Attorney for Health Care.
3. The competent surviving spouse or California Secretary of State registered domestic partner.
4. A majority of the surviving competent adult children of the decedent.
5. The surviving competent parents of the decedent.
6. A majority of the surviving competent adult brothers and sisters of the decedent.
7. A majority of the competent adult persons in the next degree of kindred.



**SIGNATURE OF AUTHORIZING AGENT(S)**

THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL. READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING.

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that all representations and statements contained on this document are true and correct, that these statements were made to induce the above named Funeral Establishment and Crematory to cremate the human remains of the Decedent, and that the undersigned have read and understand the provisions contained on all three pages of this document.

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name \_\_\_\_\_       Signature \_\_\_\_\_

Relationship: \_\_\_\_\_      Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_      Signature \_\_\_\_\_

Relationship: \_\_\_\_\_      Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_      Signature \_\_\_\_\_

Relationship: \_\_\_\_\_      Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_      Signature \_\_\_\_\_

Relationship: \_\_\_\_\_      Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Name \_\_\_\_\_      Signature \_\_\_\_\_

Relationship: \_\_\_\_\_      Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

# DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) \_\_\_\_\_ in  
Name of Person arrangements are for

the possession of \_\_\_\_\_, will be cremated by  
Name of Funeral Establishment and Telephone Number

\_\_\_\_\_ and shall be disposed of in the following  
Name of Crematory and Telephone Number

manner (Note 1): \_\_\_\_\_  
Manner, Location and Other Details of Disposition

\_\_\_\_\_  
\_\_\_\_\_

Name of person(s) with the legal right to control disposition (Note 2): \_\_\_\_\_  
Attach additional pages if necessary

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) with legal right to control disposition to Self, if pre-arranging

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) with legal right to control disposition

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) with legal right to control disposition

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) with legal right to control disposition

Name of person(s) contracting for cremation services: \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Person(s) contracting for cremation services

Signed \_\_\_\_\_ Lic. # \_\_\_\_\_ Date \_\_\_\_\_  
Funeral Director, Employee, or Agent for Funeral Establishment If a Funeral Director

Note 1: See Health & Safety Code Sections 7054, 7054.6, 7116, 7117 for legal dispositions of cremated remains.

Note 2: See Health & Safety Code Section 7100 for the list of person(s) with the legal right to control disposition of human remains.

**IMPORTANT: Business and Professions Code § 7685.2(b) requires Funeral Establishments to complete this form, provided by the Cemetery and Funeral Bureau, when making arrangements for cremation. Failure to complete this form may result in disciplinary action by the Bureau. This declaration does not replace the written authorization to cremate required by Health and Safety Code Sections 7110 and 7111.**

## NOTICE REGARDING CREMATED REMAINS

A person having the right to control disposition of cremated remains may remove the remains in a durable container from the place of cremation or interment, pursuant to Section 7054.6 of the Health and Safety Code.

If the cremated remains container cannot accommodate all cremated remains of the deceased, the crematory shall provide a larger cremated remains container at no additional cost, or place the excess in a second container that cannot easily come apart from the first, pursuant to Section 8345 of the Health and Safety Code





Beach Cities Cremation Society

500 E. Imperial Ave., Ste B El Segundo, CA 90245 - Phone: (310) 640-9325
FD-2093

Number:
Counselor:
Date:

Name of Deceased:

Age:

If you selected a service that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve, if you selected arrangements such as direct cremation or immediate burial. If we charged for embalming, we will explain why below.

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

Table with 2 columns: Service Option, Charge. Includes Professional Services like Basic Services of the Funeral Director, Transfer of Remains, Embalming, etc.

Table with 2 columns: Cash Advanced on your Behalf, Charge. Includes items like Musician, California Recording Fee, Certified copies of Death Certificate, etc.

Table with 2 columns: Use of Facilities and Staff, Charge. Includes Use of Facilities and Staff for Visitation, Memorial Service, etc.

Totals section table with 2 columns: Category, Amount. Includes Total Service Option Charges, Total Professional Services, Grand Total, etc.

Table with 2 columns: Use of Motor Equipment, Charge. Includes Funeral Coach, Limousine, Additional Mileage, etc.

Table with 2 columns: Merchandise, Charge. Includes Casket, Vault, Urn, Memorial Folders, Holy Cards, etc.

For more information on Funeral, Cemetery and Cremation matters contact: Department of Consumer Affairs Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, California 95834, (916) 574-7870

I/ We \_\_\_\_\_ certify that I/we am/are the legal next of kin and have the legal right to control the final disposition of \_\_\_\_\_. I/We certify that I/we had the opportunity to read or have explained and understand the options available to me/us in arranging for the final services. Therefore, I/we solely/jointly promise to pay the Douglass Family Mortuaries the amount of \$ \_\_\_\_\_ in lawful money of the United States of America by date: \_\_\_\_\_. By my/our signature/s, hereon, I/we acknowledge receipt of a true and correct copy of the forgoing contract, current price list and agreement with all the appropriate blanks filled in.

SIGNATURE:
Relationship:
Address:
Driver's License:
Social Security No.:
Employer / Credit Referral:

SIGNATURE:
Relationship:
Address:
Driver's License:
Social Security No.:
Employer / Credit Referral:

By : \_\_\_\_\_
Funeral Counselor