

3 Easy-to-implement Strategies For Your Funeral Home To *Supercharge* Your 2016



Today's Agenda

- First Call Ice Breaker Email
- Up In Smoke – Maximizing Cremation Profits
- Lunch and Learns in a box – How to do them right
- How to get More Strategies like these
- Q & A

Send First Call
Ice Breaker Email



Why Email Immediately After 1st Call?

If you do, you will...

- Make your client family more prepared for the arrangement conference
- Have a better opportunity of having them choose better service offerings
- Increase the sales of new services & merchandise
- Enjoy a better overall arrangement process

Make client family more prepared...





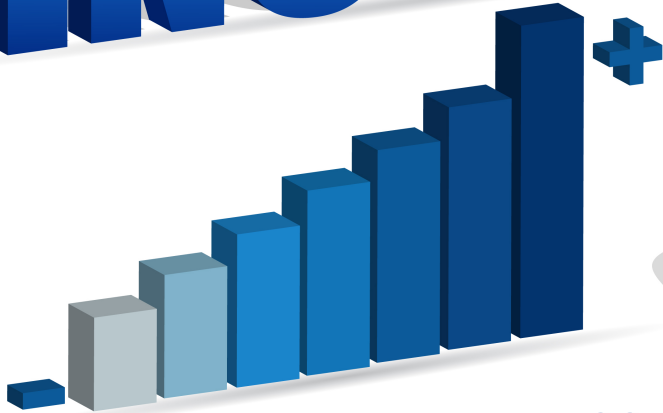
Choose better service offerings

The first step is to choose a cremation package, order death certificates, select an urn and pay for our services. If you make payment online please let us know. Payment can also be made in person during regular business hours or alternatively mail us a cashiers check or a money order.

	BRONZE	SILVER	GOLD
	755.00	995.00	1595.00
DETAIL	JUST A CREMATION	EXPEDITED SERVICE & FREE SHIPPING OUR MOST POPULAR PACKAGE	THE WORKS EVERYTHING IN OUR SILVER PACKAGE PLUS ADDITIONAL COORDINATION, CONCIERGE ASSISTANCE AND THE OPTION TO PREPAY FOR OUR SERVICES
ALL-INCLUSIVE CREMATION	✓	✓	✓
DEATH CERTIFICATE(S)	1 INCLUDED	1 INCLUDED	1 INCLUDED



INCREASE



SALES

of new service offerings & merchandise



Enjoy a better overall arrangement process



You are here: [Home](#) / Information To Review Prior To Our Meeting

Information To Review Prior To Our Meeting

Thank you for the confidence that you have placed in DeJohn Funeral Homes and Crematory.

We like to let families know ahead of time the various items that will need to be discussed during the arrangements. We have categorized them into four groups:

Information You Need

- Statistical information
- Social Security Number
- Cemetery information
- Family Contact Information – to keep all family members updated with arrangement

BROWSE ONLINE STORE

Flowers

[Basket & Pedestal Arrangements](#)

[Standing Sprays](#)

[Tabletop Arrangements](#)

[Wreaths & Crosses](#)

Caskets

[Designer Wood Caskets](#)

[Metal 18 Gauge Caskets](#)

[Metal 20 Gauge Caskets](#)

[Traditional Wood Caskets](#)

Urns

Pet Items

Creating Your Pre-Meeting Info Page

Page sections:

- Information You Need
- Things You Need To Bring In
- Decisions You Will Have To Make
- Introduction To New Services

Suggested New Offerings

- Free Online Obituary
- Memorial Video Tribute DVD
- Catering Package
- Reception Room Usage
- Cremation Jewelry
- Thumbies
- Memorial Blanket
- Tribute Portraits
- Executors Toolkit
- Stuffed animals
- Picture frames
- Memorial candles

Implementation Details:

1. Chose a staff member (champion) will be responsible for this strategy?
2. Create a page (this page should be a hidden page on your website if possible) called "Information To Review Prior To Our Meeting"
3. For every 1st Call, ask for their email address during the initial call
4. Send the following email to the family / next of kin / person making arrangement immediately after receiving the 1st Call

Up In Smoke

Is Your Business Going Up In Smoke?



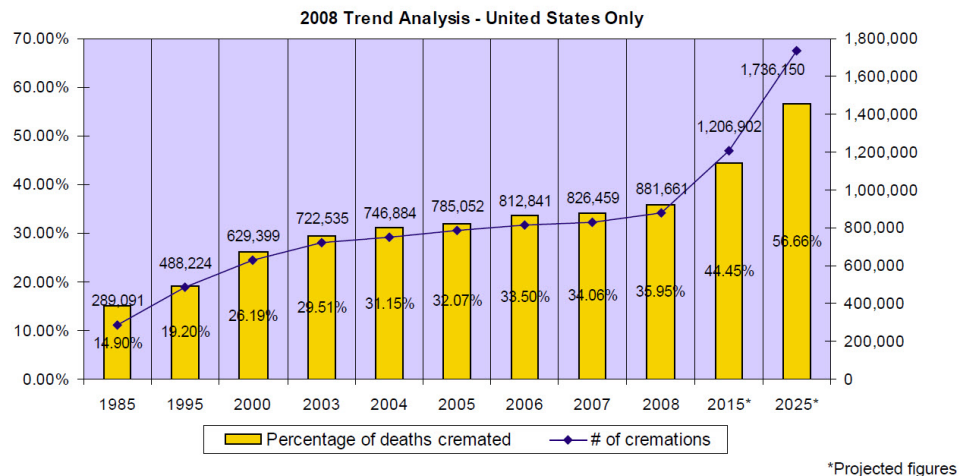
Source: Cheech & Chong "Up in
Smoke"

By
John T. McQueen, CFSP
Anderson-McQueen Funeral Homes

Think Not...Think Again!

Cremation Data & Predictions: Data Trends

- Percentage of Deaths Resulting in Cremation Since 1985



According to
CANA:

2013 45.3%
2018 50.6%

Source: Cremation Association of
North America – website stats – Dec.
2015

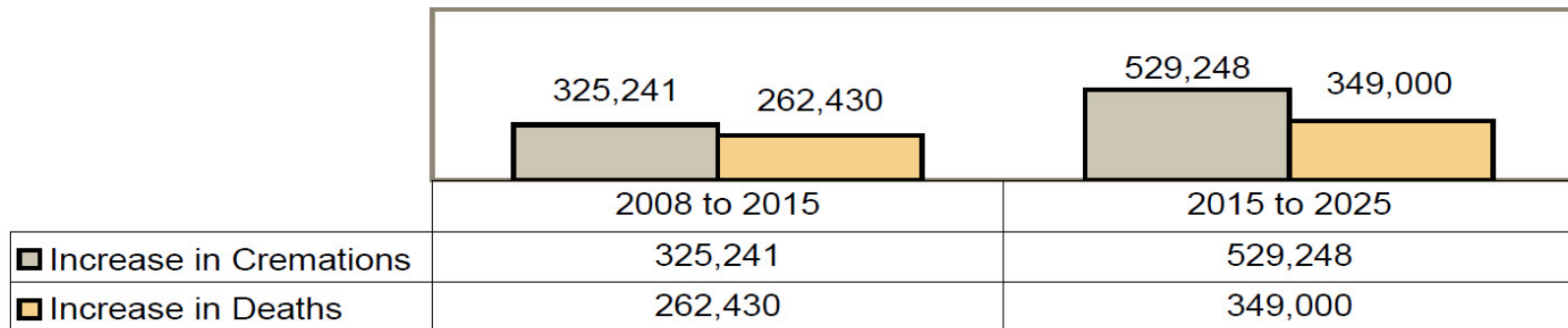
- Deaths in the United States, 1910 to 2040

The Salvation of Funeral Service



Don't put all your eggs in the Boomer Basket!

Projected Increase of Cremations and Deaths- United States Only



*Projected figures.

** US Department of Commerce, US Census Bureau's 2008 National Populations Projections, Projected Deaths by Sex, Race, and Hispanic Origin for the United States: July 1, 2000 to June 30, 2050.

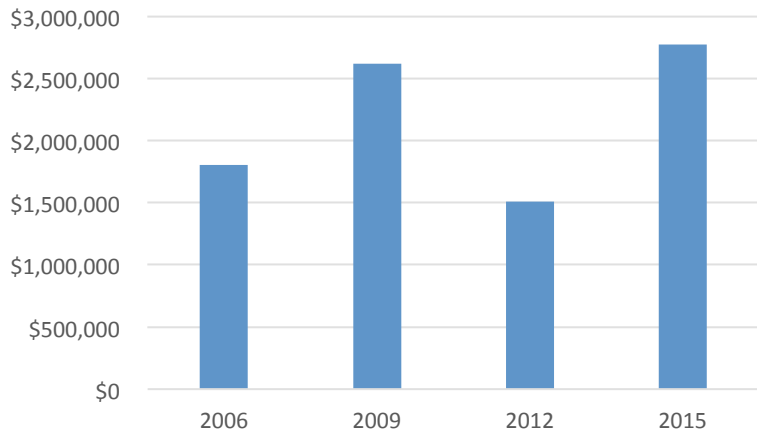
	<u>Cremations by Year</u>	<u>Deaths by Year</u>
2008:	881,661	2,452,570
2015*:	1,206,902*	2,715,000**
2025*:	1,736,150*	3,064,000**

Take A Look Into Your Future...



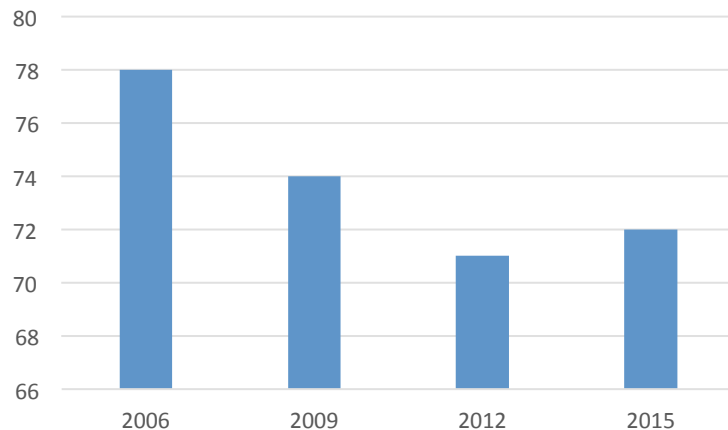
Take A Look Into Your Future...

Preneed Sales Volume



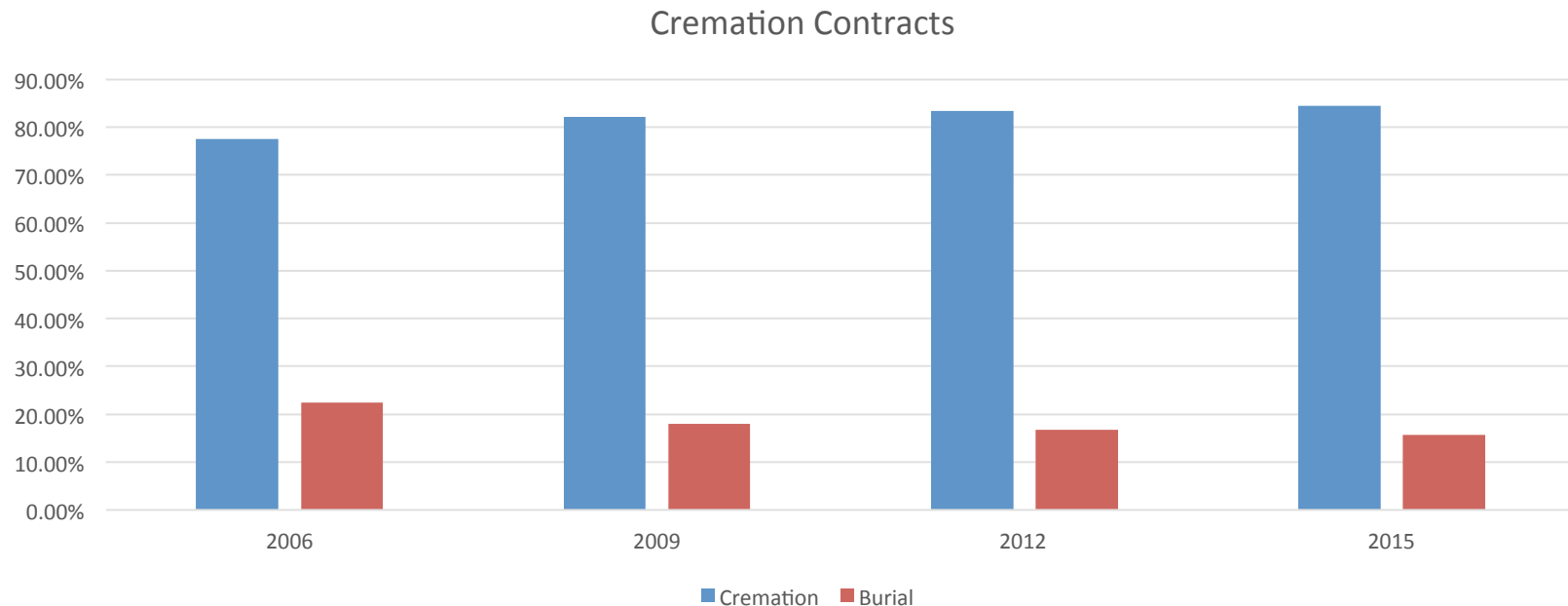
Sales are going up!

Average Age

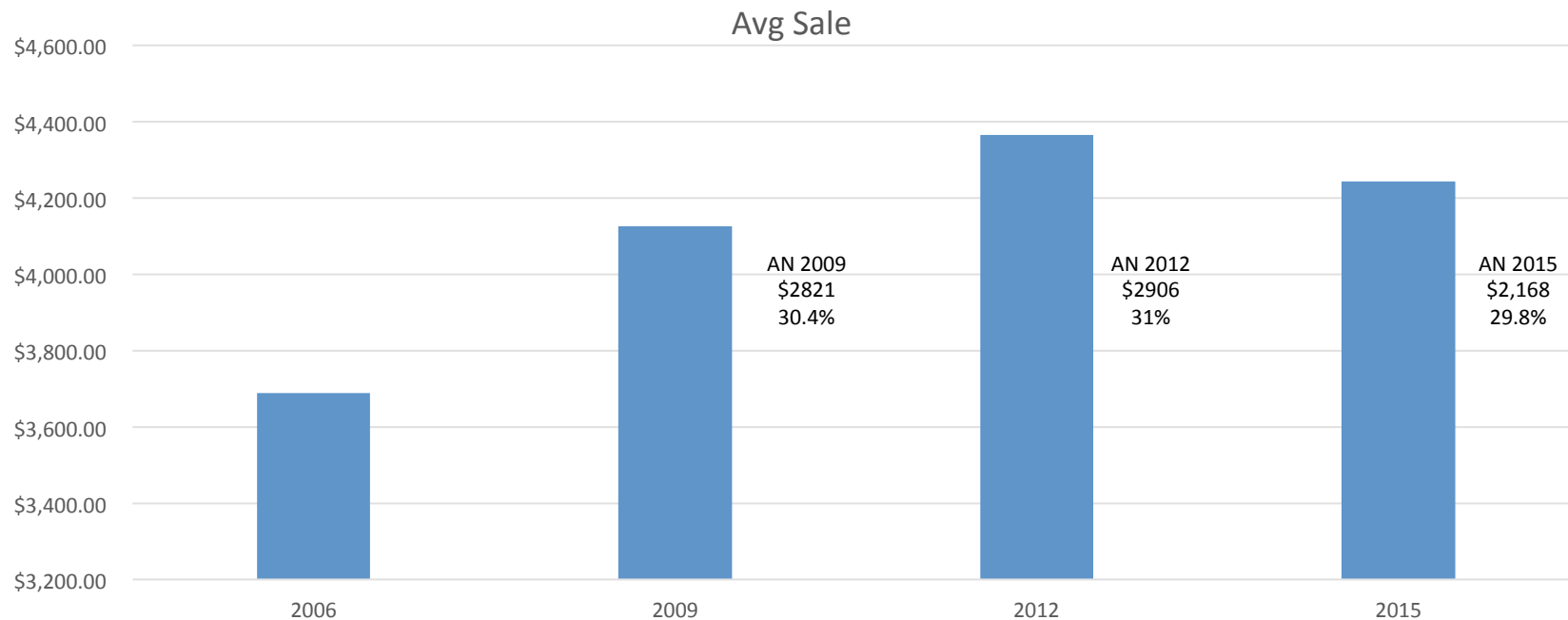


Average Age is Coming Down!

Is Your Future Really Rosy?



Average Preneed Sale



Tomorrow's Review Today

Strengths

- Preneed Sales Volume Continues to Climb – Up 53% from 2006
- Average Age is down 7.7% so contract life is extended
- Preneed Average Sale continues to outpace At-Need Average Sale
- AN Revenue is up 16.3% since 2009
- AN Call Volume up 51.3% since 2009
- AN Profit is up 106%

Opportunities

- Continue increasing sales by tapping into segment/brands currently underserved
- Continue to develop ways to increase average cremation revenue through value added services & upgrades
- Increase the PN to AN Sales Ratio
- Continue training staff on how best to serve the cremation customer

Step I - Education

Your Staff

Your Client

- Use of Value Statements
- Phone Skills – it's not about price
- Eliminate the 30 Minute cremation arrangement conference
- Have defined standards of excellence
- Provide Funeral Home Tours – Let them “see” the possibilities
- Every Family –
Every Option –
Every Time



We Are Our Own Worst Enemies!



Eliminate the Cardboard Box

- It's a Crematory Provided Container not a Funeral Home One!
- We don't offer cardboard containers primarily for 2 reasons:
 - **Liability Reasons** – There have been instances in funeral service where the box is punctured or damaged and the cremated remains have been spilled.
 - **Dignity Factor** – We believe there is still a certain dignity factor involved, after all it is still your mother's human remains.
- In the 20 years that we have done this, we've never had a family say – *"If you don't offer me cardboard I'm going somewhere else for my cremation."*

“So you force them to buy an urn?”

Urn Indemnification Form

- Container Requirements —
 - Minimum volume capacity
 - Dispose of excess
 - Construction requirements
- Timing of Cremation
 - This is the most important part
 - Cremation will not occur until we have the urn
- Transfer of Container
- Indemnification of Funeral Home

INDEMNIFICATION AGREEMENT
FOR
NON-FUNERAL HOME URN CREMATION CONTAINER

Decedent: _____

The undersigned have elected to provide their own container (the "Provided Container") for purposes of holding the cremated human remains of the Decedent. Therefore, the undersigned acknowledge and agree to the following items.

Container Requirements

- Provided Container must have a minimum volume capacity of two hundred (200) cubic inches to accommodate the cremated adult human remains. If the Provided Container does not have sufficient capacity to hold the entire amount of the cremated human remains, the undersigned authorize the Anderson-McQueen Funeral Homes (the "Funeral Home") to dispose of the excess cremated human remains in any non-retrievable manner as permitted by law. Initials: _____
- Provided Container should be constructed of a permanent, durable material which will not break, crack, crumble, dissolve or shatter if (i) dropped, bumped or jostled during transfer, storage or handling, or (ii) exposed to natural elements such as heat, water or moisture and if Provided Container is not so constructed the undersigned agree to indemnify and hold the Funeral Home harmless if the Provided Container should break, crack, crumble, dissolve or shatter while in the Funeral Home's possession.
- Provided Container must have a lid or top to its opening which can be securely fastened in order to prevent spillage during transfer, storage or handling.

Timing of Cremation

Due to the Funeral Home's need to have the Provided Container available for use prior to the commencement of the cremation process, the undersigned acknowledge that the Funeral Home will not be able to schedule the cremation process for the Decedent until the Funeral Home has received possession of the Provided Container and all other requirements have been met. Initials: _____

Transfer of Provided Container

The undersigned acknowledge that the Funeral Home can return the Provided Container only to the undersigned (or other authorized representative) or deliver it to a local cemetery. If the undersigned desire for the Provided Container to be transferred out of town via the US Postal Service, the Funeral Home will return the Provided Container to the undersigned for mailing by them as the Funeral Home will not take responsibility for such transfer of the Provided Container.

Indemnification of Funeral Home

The undersigned assume all liability arising out of the use of the Provided Container and agree to indemnify and hold the Funeral Home, its officers, employees and agents harmless from any and all claims, suits or causes of action, including attorneys' fees for the defense thereof, arising out of the use of the Provided Container. Furthermore, the Funeral Home, by taking possession of the Provided Container, does not make any implicit or explicit guaranty or warranty as to the suitability of the Provided Container for its intended use or satisfaction of any cemetery regulations.

DATE: _____

_____ Signature	_____ Relationship
_____ Signature	_____ Relationship

Cremation Packages

Family Tributes® Intimate Goodbye Cremation Package
Private Family Goodbye with Public Memorial Ceremony

Provides families with an intimate time for meditation & reflection followed by sharing & remembrance with friends.

- Professional Services of Funeral Directors and Staff
- Refrigeration of Remains
- Alternate Care of Decedent
- Facilities, Equipment & Staff for Memorial Ceremony On or Off Premise
- Facilities, Equipment & Staff for Family Goodbye in Memory Room
- Cremation Fee (Choice of Private or Nonprivate Crematorium)
- Initial Transfer of Decedent
- Courier Vehicle for Records
- Flower Transport
- Premium Memorial Package
 - Guest Registry Book
 - 100 Memorial Posters or Prayer Cards
 - 50 Thank You Cards
 - Life Legacy DVD
- Memorial Floral Bouquet
- Secure Web Broadcast of Ceremony
- Suit
- Chose
- Compl
- Adult

Services do in
Hymn
Our Gown
Memorials

NE Tribute Cdr
Tyrone Tribute
All in memorials and more

Signature Package
Includes:
Luxury Cremation Casket
Floral / Greenery Cremation
White Sage Interior
Choice of Tribute Cremation Urn
Shown Below

Retail Price \$ 7,905
Discount - 775
Package Price \$ 7,130

Classic Package
Includes:
Genuine Alternative Cremation Container
Completed Cremation Certificate
White Interior
Choice of Tribute Cremation Urn
Shown Below

Retail Price \$ 7,005
Discount - 720
Package Price \$ 6,285

Simple Package
Includes:
Garden Alternative Cremation Container
Completed Cremation Certificate
White Casket Floor & Address
Also includes first of jewelry (jewelry due to cremation)
Choice of Tribute Cremation Urn
Shown Below

Retail Price \$ 6,005
Discount - 605
Package Price \$ 5,395

Estimated Value \$200

Tribute Cremation Urns: (Each of 1 included in package)

Top Hat
\$1,200.00 (Shown at Right)

Star
\$1,200.00 (Shown at Right)

Amethyst Glass
\$1,200.00 (Shown at Right)

White
\$1,200.00 (Shown at Right)

Many with are available in other colors. Please ask your funeral director for assistance.

35

Benefits to the Family

- Selling the Value – “What this package does for you in your healing journey”
- Provides increased service enhancements
- Provides choice based on containers
- Provides choice based on urns/disposition

Results of Packaging

Percent Selected – Packages	82%
Percent Selected – Upgraded Container	56%
Percent Selected – Urn	89%

Average Cremation Sale	\$6,206
Average Cremation Sale – Packaged	\$6,800
Average Cremation Sale – Non-Packaged	\$5,500

Disclaimer



- The documents contained in the presentation are not presented as being compliant with your State laws nor is the advice given considered to be legal advice.
- If you are uncertain about compliance issues, please consult your professional attorney.

CREMATION AUTHORIZATION

Undersigned have requested of and contracted with ANDERSON-MCQUEEN COMPANY d/b/a Anderson-McQueen Funeral & Cremation Centers and the Cremation Tribute Center (the "Crematory") to cremate and dispose of the human remains of:

_____ (the "Decedent") who died at _____ on _____, hour _____ in accordance with and subject to the Crematory's regulations and Florida law.

Legally Authorized Persons

Undersigned understand that Florida law requires the Crematory to receive written authorization for cremation from a legally authorized person and certify that they qualify as such in the manner noted below. Furthermore, they represent that the Decedent did not give directions that his or her human remains **NOT** be cremated, nor are they aware of any objections to the cremation of the Decedent's human remains by others in the same class of person listed below as the undersigned or of any person in a higher priority class.

Check & Initial Applicable Box:

- ☐ Undersigned is making this authorization for himself or herself.
- ☐ Undersigned is the **surviving spouse** of the Decedent.
- ☐ Undersigned are the **surviving children** (total # _____) of the Decedent who are 18 years of age or older with there being no surviving spouse.
- ☐ Undersigned are the **surviving parents** (total # _____) of the Decedent with there being no surviving spouse or children.
- ☐ Undersigned are the **surviving brothers and sisters** (total # _____) of the Decedent who are 18 years of age or older with there being no surviving spouse, children or parents.
- ☐ Undersigned are the **surviving grandchildren** (total # _____) of the Decedent who are 18 years of age or older with there being no spouse, children, parents or siblings.
- ☐ Undersigned are the **surviving grandparents** (total # _____) of the Decedent with there being no surviving spouse, children, parents, siblings or grandchildren.
- ☐ Undersigned are the **surviving next of kin of closest degree** to the Decedent as _____ with there being no surviving spouse, children, parents, siblings, grandchildren or grandparents.
- ☐ Undersigned is the **guardian** of the Decedent at the time of death and can serve as the legally authorized person since either no family exists or is available (attached is a copy of the court appointment).
- ☐ Undersigned is the **nominated personal representative** of the Decedent's estate and can serve as the legally authorized person since either no family exists or is available (attached is a copy of such Will).
- ☐ Undersigned is the **attorney-in-fact or health care surrogate** of the Decedent at the time of death and can serve as the legally authorized person since either no family exists or is available (attached is a copy of such document).
- ☐ There are no surviving persons listed above and I am a **friend or other person willing** to assume the responsibility as the authorized person.

Witness of Cremation Process

Check & Initial Appropriate Box:

- ☐ The undersigned has elected **NOT** to witness the initiation of the cremation process and grants the crematory permission to proceed with the cremation process, at their earliest convenience, upon receipt of all approvals. The undersigned further acknowledges that any changes with respect to this option must be presented in writing prior to the cremation process.
- ☐ The undersigned requests to witness the initiation of the cremation process at the Cremation Tribute Center - 7820-38th Avenue North, St. Petersburg, on the day and time noted: _____ Day/Date/Time: _____
- The Undersigned agrees to indemnify and hold harmless the Crematory from any claims or causes of action including, but not limited to, claims for emotional distress, arising or related in any respect to the presence of those individuals present during the cremation of the Decedent's remains. In the case of those individuals present who are minors, the Undersigned represents and warrants their parents or legal representatives have agreed to indemnify and hold the Funeral Home harmless from any claims or causes of action, including the claim of emotional distress, that may result from the presence of such minor at the cremation of the Decedent's remains. The undersigned further acknowledges that any changes with respect to this option must be presented in writing prior to the cremation process and may result in a delay in scheduling the cremation process.

FOR OFFICE USE ONLY: _____

Implanted Devices

Mechanical devices, implants, prosthesis and certain nuclear medicine residues in the Decedent may create a hazardous condition when subject to intense heat. The Crematory may not cremate human remains which contain certain implants or if the Decedent was previously treated with Strontium-89 through the application of intense heat and flame. The Crematory may cremate human remains containing such items as previously listed through a thermal means known as Bio-Cremation (aka Flameless Cremation). The Undersigned authorize the Crematory to remove and dispose of (in a non-recoverable manner) any pacemakers, defibrillators or other implanted items listed below prior to cremation by intense heat and flame or after the cremation process when thermal means are used. Any other devices implanted or attached to the Decedent which Undersigned desires back must be removed prior to the cremation processed by Undersigned or their designated agent at their expense as Crematory is unable to do so.

☐ Implied Device(s): _____

CREMATION AUTHORIZATION

NAME OF DECEASED: _____

Explanation of Cremation Process

Florida law defines cremation as any mechanical or thermal process whereby a dead human body is reduced to ashes and bone fragments. Cremation also includes any other mechanical or thermal process whereby human remains are pulverized, burned, recreated or otherwise further reduced in size or quantity. Florida law also requires that three conditions be met before a cremation can take place: (1) 48 hours has expired from the time of death, (2) Legally authorized person has given written permission, and (3) Medical Examiner's office has approved the cremation. Once these conditions have been met, the Crematory will perform the cremation as soon as scheduling permits, using the method of cremation selected below by the authorized person, but no later than three (3) business days from such date. The actual process by which the Crematory will handle the cremation process will be determined based on the type of cremation process selected.

Cremation Process Selected

☐ **Flame Cremation Process:** The Crematory will place the casket or container encasing the Decedent's human remains individually into the cremation chamber where it will be subject to intense heat and flame reaching temperatures of approximately 1600 to 1800 degrees Fahrenheit. After a typical time period of 1 to 3 hours, all substances are consumed except bone fragments (calcium compounds) and metal (such as hinges, latches, dental implants, prosthesis, etc.) as the temperature is not sufficiently high enough to consume them. Accordingly, any such items which are left with the Decedent and not removed from the casket or container will be destroyed or will otherwise not be recoverable. Following an appropriate cooling period, the cremated remains are swept or raked from the cremation chamber. The Crematory takes all reasonable steps and uses its best efforts to remove all of the cremated remains, but it is impossible as some dust and other residue is always left behind. Due to this fact, inadvertent or incidental commingling of minute particles of cremated remains from the residue of a previous cremation is a possibility during the cremation process or the processing stage (as described below) and the Undersigned understands and accepts this fact. Following retrieval of the cremated remains from the cremation chamber, all non-combustible materials that were not removed prior to the cremation process will be separated and removed from bone fragments by visible or magnetic selection. The Undersigned expressly authorizes the Crematory to send such non-combustible materials to a qualified company where some of those materials may be recycled and the remainder disposed of in a non-recoverable manner. Typically, this non-combustible material is disposed of as waste. However, in the case of certain metals that may be found in the implanted devices and dental appliances, such as titanium, gold, silver, platinum or palladium, third party companies will recycle these types of metals that are recovered after cremation. With the expressed permission of the Undersigned, these metals will be sent to a recycling company. The Undersigned understands that the Crematory is compensated by the recycling company for retrieving the metal and shipping it to the recycling company. All such compensation paid to the Crematory shall be donated to a charitable organization of the Crematory's choice. The bone fragments are then mechanically processed or pulverized into uniform particles to permit placement in the selected urn container for disposition as indicated. The undersigned understands and acknowledges that the capacity of the Urn Container that they have selected may be insufficient to hold all of the cremated remains of the Decedent following this Flame Cremation Process. The Undersigned further understands and acknowledges that any excess remains of the Decedent that are not placed in the Urn Container selected due to the lack of volume capacity will be placed in a separate temporary and delivered with the selected Urn Container to the designated recipients as set forth in the "Disposition of Cremated Remains" section below.

Initials: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

☐ **Flameless Cremation Process:** The Crematory will place the Decedent's human remains, following its encasement in a protein-based body pouch, individually into a stainless steel cremation chamber where it will be subject to pressure, water and chemical reaching temperatures of approximately 350-degrees Fahrenheit. After a typical time period of 2 to 3 hours, all substance are consumed except bone fragments (calcium compounds) and metal (such as dental implants, prosthesis, etc.) as this flameless cremation process hydrolyzes protein based material. The now sterile effluent (which contains no DNA or other identifiable human organic matter) will be dispersed into the waste water treatment system in accordance with municipal guidelines. Accordingly, any such items that are left with the Decedent and not removed from the body pouch will be destroyed or will otherwise not be recoverable. Following an appropriate cooling period, the cremated remains are swept, raked or otherwise retrieved from the cremation chamber. The Crematory takes all reasonable steps and uses its best efforts to remove all of the cremated remains, but it is impossible as some dust and other residue is always left behind. Due to this fact, inadvertent or incidental commingling of minute particles of cremated remains from the residue of a previous cremation is a possibility during the cremation process or the processing stage (as described below) and the Undersigned understands and accepts this fact. Following retrieval of the cremated remains from the cremation chamber, all non-combustible materials that were not removed prior to the cremation process will be separated and removed from bone fragments by visible or magnetic selection. The Undersigned expressly authorizes the Crematory to send such non-combustible materials to a qualified company where some of those materials may be recycled and the remainder disposed of in a non-recoverable manner. Typically, this non-combustible material is disposed of as waste. However, in the case of certain metals that may be found in the implanted devices and dental appliances, such as titanium, gold, silver, platinum or palladium, third party companies will recycle these types of metals that are recovered after cremation. With the expressed permission of the Undersigned, these metals will be sent to a recycling company. The Undersigned understands that the Crematory is compensated by the recycling company for retrieving the metal and shipping it to the recycling company. All such compensation paid to the Crematory shall be donated to a charitable organization of the Crematory's choice. The bone fragments are cooled and dried, then mechanically processed or pulverized into uniform particles to permit placement in the selected urn container for disposition as indicated. The undersigned understands and acknowledges that the capacity of the Urn Container that they have selected may be insufficient to hold all of the cremated remains of the Decedent following this Flameless Cremation Process. The Undersigned further understands and acknowledges that any excess remains of the Decedent that are not placed in the Urn Container selected due to the lack of volume capacity will be placed in a separate temporary and delivered with the selected Urn Container to the designated recipients as set forth in the "Disposition of Cremated Remains" section below.

Initials: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

CREMATION AUTHORIZATION

NAME OF DECEASED: _____

Cremation Containers

Florida law requires that all containers or caskets used for cremation contain only permissible levels of chlorinated plastic; constructed of readily combustible material; able to close to completely cover the human remains; resistant to leakage or spillage; rigid enough for handling with ease; and able to provide for the health, safety and personal integrity of the public and crematory personnel. When choosing flameless cremation, the container must be made from a protein based material that is able to be dissolved during the cremation process. The Crematory reserves the right to reject a cremation container it determines not to be in compliance with the law and to remove and discard any handles or other objects which are noncombustible. The urn container used to hold the cremated remains should have a minimum volume of 200 cubic inches.

Selected Containers:

Cremation Container/Casket: _____

Urn Container(s): (1) _____ (2) _____ (3) _____
(4) _____ (5) _____ (6) _____

Disposition of Cremated Remains

Undersigned authorize the Crematory to dispose of the Decedent's cremated remains as follows (check and initial one):

____ ☐ Release all of the selected Urn Containers to any one of the following individuals: (A) _____
(B) _____, or (C) _____ at _____
☐ NE St. Petersburg Location (Mon-Sat 9A-5P, Sun 9A-3P) ☐ Tyrone Location (M-F, 9A-5P)
☐ Cremation Tribute Center Location (M-F, 9A-5P)

____ ☐ Deliver by U.S. Postal Service (Express Mail) to: _____

Following proper delivery of the Decedent's remains to the Post Office, Undersigned releases the Funeral Home and Crematory from any further responsibility or liability for delivery to the ultimate destination.

____ ☐ Deliver to the following local cemetery for placement in selected grave/niche: _____

____ ☐ Scatter in the Gulf of Mexico by Crematory at its convenience (cremated remains are non-recoverable). The undersigned has chosen (____) individual scattering (____) communal scattering. The undersigned acknowledges that they have read the explanation regarding the difference between a communal scattering or individual scattering and have signed the authorization permitting the Funeral Home to proceed accordingly.

____ ☐ Special Instructions: _____

DISPOSAL OF NON-CLAIMED CREMATED REMAINS

Pursuant to Florida law, if after a period of 120 days from the time of cremation the Decedent's cremated remains have not been claimed, the Funeral Home and/or Crematory is authorized to dispose of such cremated remains at any time thereafter in any manner it deems suitable, including scattering in the Gulf of Mexico in a non-recoverable manner. By placing your initials here, you hereby acknowledge that the crematory has informed you that you will receive no further notices (written, telephonic or electronic) regarding this 120 day deadline and you agree to hold the crematory harmless and indemnify it against any claims arising out of such disposal, including scattering in the Gulf of Mexico in a non-recoverable manner, following the expiration of the 120 holding period.

Initials: 1. ____ 2. ____ 3. ____ 4. ____ 5. ____

(This section was left blank intentionally. Signature Section on Next Page)

CREMATION AUTHORIZATION

NAME OF DECEASED: _____

By execution of this form below and initials where appropriate, Undersigned warrant that all representations and statements contained in this form are true and correct, and that the statements are being relied upon by the Crematory. Undersigned agree to indemnify and hold the Crematory harmless from any claim, liability, cost or expense resulting from its reliance on or performance consistent with such directions, representations, authorizations and agreements. This Cremation Authorization is the entire agreement and understanding among the parties with respect to the cremation of the Decedent. This Cremation Authorization may be modified or amended only by a written instrument executed by all parties.

SIGNATURE*

PRINT NAME

RELATIONSHIP

1. _____

ADDRESS: _____ TELEPHONE: _____

IDENTIFICATION PRODUCED: _____

2. _____

ADDRESS: _____ TELEPHONE: _____

IDENTIFICATION PRODUCED: _____

3. _____

ADDRESS: _____ TELEPHONE: _____

IDENTIFICATION PRODUCED: _____

4. _____

ADDRESS: _____ TELEPHONE: _____

IDENTIFICATION PRODUCED: _____

5. _____

ADDRESS: _____ TELEPHONE: _____

IDENTIFICATION PRODUCED: _____

* This document may be executed counterparts, each of which shall be deemed an original. Each party may execute a facsimile counterpart signature page to be followed by an original counterpart. Each such facsimile counterpart shall constitute a valid and binding obligation of the signing party. If the authorizing agent does not personally appear before a Crematory agent, Notarization is required.

STATE OF _____ COUNTY OF _____ DATE _____
Before me, a Notary Public in and for said County and State, personally appeared _____ who executed this document and was known by me personally or presented a copy of his/her driver's license (copy attached) or the following proof of identification (copy attached) _____.

NOTARY PUBLIC

My Commission Expires:

SEAL/STAMP

CREMATION AUTHORIZATION

NAME OF DECEASED: _____

CREMATORY REPRESENTATIVE: _____ DATE: _____
Anderson-McQueen Funeral & Cremation Centers

Receipt of Cremated Remains

The undersigned acknowledges receipt of the Decedent's cremated remains in the Urn Container (or multiple Urn Containers) as set forth in the above subsection entitled "Cremation Containers" along with the Certificate of Cremation.

Signature Date Identification Presented Crematory Witness

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A FUNERAL HOME / CREMATORY STAFF MEMBER OR IN THE PRESENCE OF A NOTARY PUBLIC.

YOU MAY SEND A COPY OF THIS FORM VIA RETURN FACSIMILE TO (727) 822-3362.

THE ORIGINAL SIGNED AND NOTARIZED COPY NEEDS TO BE RETURNED TO OUR OFFICE VIA U.S. POSTAL SERVICE OR OTHER OVERNIGHT DELIVERY SERVICE TO: ANDERSON-MCQUEEN FUNERAL HOMES
2201-DR. M.L. KING STREET NORTH
ST. PETERSBURG, FLORIDA 33704

IF YOU HAVE ANY QUESTIONS REGARDING THIS 5 PAGE FORM, PLEASE CALL (727) 822-2059 DURING THE FOLLOWING BUSINESS HOURS: MONDAY-FRIDAY 8AM-5PM; SATURDAY 8AM-5PM; SUNDAY 9AM-3PM

(This section was left blank intentionally.)

- All pertinent information and disclosures are contained on 1 form
 - Family is notifying you of their relationship and that no one is higher nor do they know of any objections
 - Acknowledging whether or not individual will be seen again
 - Acknowledging implants if any
 - Discloses type of container selected and type of urn selected
 - Discloses type of disposition
 - If scattering – what type of scattering
 - Acknowledges Funeral Home right to scatter in Gulf after 120 days
 - Multiple signature lines with ID
 - Notarization if form not signed in front of FH staff
 - Acknowledge receipt of cremated remains on same form.
-
- Remember, State law may only require 1 signature but Civil law is different

Authorization for Cremation and Disposition

ADDENDUM

Name of Deceased:

The undersigned hereby authorize Anderson-McQueen Funeral Homes to amend the terms of the original Authorization for Cremation and Disposition dated _____.

Client #:

Check and Initial All Appropriate Boxes Below:

I/We hereby amend the section entitled "Witness of Cremation Process" to:

☐ The undersigned has elected not to witness the initiation of the cremation process and grants the crematory permission to proceed with the cremation process, at their earliest convenience, upon receipt of all approvals. The undersigned further acknowledges that any changes with respect to this option **must be presented in writing** prior to the cremation process.

☐ The undersigned requests to witness the initiation of the cremation process at the crematory on the day and time noted: **Day / Time** _____. The undersigned further acknowledges that any changes with respect to this option **must be presented in writing** prior to the cremation process and may result in a delay in scheduling the cremation process.

I/We hereby amend the section entitled "Explanation of Cremation Process – Cremation Process Selected" to:

☐ The undersigned has elected to change the Cremation Process Selected from Flame Cremation which uses intense heat and flame reaching temperatures of approximately 1600 to 1800 degrees Fahrenheit to Flameless Cremation which uses pressure, water and chemical reaching temperatures of approximately 350 degrees Fahrenheit and authorizes the Funeral Home to permit the crematory to change the cremation container from a combustible container to a consumable container. The undersigned further acknowledges that this change can only be made provided the deceased does not meet any of the criteria (such as age or weight) which would prohibit the use of Flameless Cremation, in which case the undersigned authorizes the Crematory to use the original choice of Flame Cremation.

☐ The undersigned has elected to change the Cremation Process Selected from Flameless Cremation which uses pressure, water and chemical reaching temperatures of approximately 350 degrees Fahrenheit to Flame Cremation which uses intense heat and flame reaching temperatures of approximately 1600 to 1800 degrees Fahrenheit. The undersigned also authorizes the Funeral Home to permit the crematory to change the cremation container from a consumable container to a combustible container.

I/We hereby amend the section entitled "Cremation Container" to:

☐ The undersigned has elected to change the cremation containers from those listed on the original Authorization for Cremation and Disposition and acknowledge that this decision may result in additional charges incurred in addition to those originally listed on our Statement of Goods and Services Selected and may result in a delay of the cremation process.

Cremation Container / Casket: _____ Urn / Container: _____

I/We hereby amend our choice for "Additional Services" to:

☐ Acceptance – LifeGem/Memory Glass/Other - The undersigned authorizes Crematory to take retain a portion of the cremated human remains to be used for the creation of a LifeGem memorial diamond, Memory Glass / Glass Remembrance or other keepsake memorial product manufactured using or containing cremated remains. *Additional Fees will apply.*

☐ Declination – LifeGem/Memory Glass/Other - The undersigned hereby requests that the crematory NOT retain a portion of the cremated human remains to be used for the creation of a LifeGem memorial diamond, Memory Glass / Glass Remembrance or other keepsake memorial product manufactured using or containing cremated remains. The Funeral Home agrees to credit/adjust the funeral statement for any fees incurred, provided the retrieval has not been previously performed or the manufacturing process of said product is already begun.

Authorization for Cremation and Disposition

ADDENDUM

Name of Deceased:

Client #:

I/We hereby amend the section entitled "Disposition of Cremated Remains" to:

☐ In addition to those individuals listed on the original Authorization for Cremation and Disposition, the Undersigned also authorize the Funeral Home to release to the following individuals:

(1) _____ (2) _____
(3) _____ (4) _____

☐ Deliver by U.S. Postal Service (Express Mail) to: _____

Following proper delivery of the Decedent's remains to Post Office, Undersigned releases the Funeral Home and the Crematory from any further responsibility or liability for delivery to the ultimate destination.

☐ Deliver to the following local cemetery for placement in selected grave/niche: _____

☐ Scatter in the Gulf of Mexico by Crematory at its convenience (cremated remains are non-recoverable). The undersigned has chosen () individual scattering () communal scattering. The undersigned acknowledges that they have read the explanation below regarding the difference between a communal scattering or individual scattering and are permitting the Funeral Home to proceed accordingly.

INDIVIDUAL SCATTERING The undersigned has elected to purchase or provide an urn or other container (the "Container") for holding, transferring and disposing of the cremated human remains of the Decedent. The Funeral Home may, in its sole discretion, determine if the Container is suitable for either permanent placement or is biodegradable and may be placed directly into the Gulf of Mexico. If the Funeral Home determines, in its sole discretion, that the Container is not suitable for placement in the water, then said cremated remains will be scattered in the water and the Container will be disposed of by the Funeral Home.

Initials: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

COMMUNAL SCATTERING The undersigned has elected not to purchase or provide an urn or other container for holding, transferring and disposing of the cremated human remains of the Decedent. It is therefore acknowledged and agreed that upon completion of the cremation process, the Decedent's cremated human remains will be co-mingled with other cremated human remains in a common container and will be scattered together in the Gulf of Mexico in a non-recoverable fashion at the crematory's convenience. The Funeral Home must be notified in writing by the undersigned of any change in their decision regarding the use of the communal scattering option PRIOR to the cremation process as once the process is complete and the cremated remains are co-mingled in the common container they are non-recoverable.

Initials: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

☐ Special Instructions:

The undersigned acknowledges and agrees that the instructions provided in this Authorization for Cremation and Disposition Addendum in no way changes, modifies, or deletes any of the additional terms and conditions of the original Cremation Authorization other than the changes outlined on this form. By execution of this form below and initials where appropriate, Undersigned warrant that all representations and statements contained in this form are true and correct, and that the statements are being relied upon by the Crematory. Undersigned agree to indemnify and hold the Crematory harmless from any claim, liability, cost or expense resulting from its reliance on or performance consistent with such directions, representations, authorizations and agreements.

SIGNATURE*	PRINTED NAME	IDENTIFICATION PROVIDED
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

*This document may be executed in counterparts, each of which shall be deemed an original. Each party may execute a facsimile counterpart signature page to be followed by an original signature counterpart. Each such facsimile counterpart shall constitute a valid and binding obligation of the signing party. If the authorizing agent does not personally appear before a Crematory agent, Notarization is required.

State of _____ County of _____ Date _____

Before me, a Notary Public in and for said County and State, personally appeared _____, who executed this document and was known by me personally or presented me a copy of his/her driver's license (copy attached) or the following proof of identification (copy attached).

Notary Public – My Commission Expires: _____

SEAL / STAMP

Crematory Representative: _____ Date: _____

AUTHORIZATION FOR VIEWING OF NON-EMBALMED OR NON-RESTORED HUMAN BODY

NAME OF DECEDENT: _____ CLIENT NUMBER: _____

FUNERAL HOME: _____ DATE OF DEATH: _____

The Undersigned have requested to view the human body of the above named decedent ("Decedent") without embalming or any restorative work ("Identification Viewing" or "Family Goodbye"). The Undersigned has authorized the funeral home named above ("Funeral Home") to perform only alternate care that includes setting of Decedent's features (such as closing Decedent's eyes and mouth through use of mechanical or other means as deemed necessary by Funeral Home professional staff) as well as dressing the Decedent in a hospital gown and positioning of hands. The Undersigned understand and agree that no other restorative work or dressing of Decedent will occur without the specific direction and authorization provided by the Undersigned and that the Undersigned may incur additional charges for any such additional restorative work or dressing performed by Funeral Home.

The Undersigned acknowledge and agree that the Funeral Home has advised them that it is not in their best interest to perform an Identification Viewing or Family Goodbye if the Decedent has been autopsied, or if the Decedent has died through means of suicide or another traumatic event, unless embalming and other restorative work has been performed on Decedent. The Funeral Home has advised the Undersigned that an autopsy () has () has not been performed on the Decedent.

The Undersigned warrant and represent to the Funeral Home that the Undersigned are the persons, or the appointed agents of the persons, who by law have the paramount right to arrange and direct the disposition of the body of the Decedent and that no other persons have a superior right over the right of the Undersigned.

The Undersigned authorize and direct the Funeral Home to arrange for the Identification Viewing or Family Goodbye of the non-embalmed and non-restored body of the Decedent by the Undersigned and all individuals who are listed below, and those individuals listed on the reverse side hereof if additional space is required ("Attendees"). All Attendees have agreed to release the Funeral Home, its owners, officers, directors, employees and agents from any liability arising, either immediately or at any future time, out of or related in any way to the Identification Viewing or Family Goodbye.

Furthermore, the Attendees agree to indemnify and hold harmless the Funeral Home, its owners, officers, directors, employees and agents from any claims or causes of action, including but not limited to, claims for emotional distress, arising out of or related in any respect to the Identification Viewing or Family Goodbye of the non-embalmed and non-restored body of the Decedent. If any Attendees are minors, their parents as natural guardian, or their legal representatives, have, by listing their names on this form, agree to indemnify and hold the Funeral Home, its owners, officers, directors, employees and agents harmless from any claims or causes of action, including the claim of emotional distress, which may result, either immediately or at any future time, from the Identification Viewing or Family Goodbye of the non-embalmed and non-restored body of the Decedent by such minor.

Signed this _____ day of _____, 20_____.

Signature*	Printed Name	Relationship
_____	Identification _____	_____
_____	Identification _____	_____
_____	Identification _____	_____
_____	Identification _____	_____
_____	Identification _____	_____
_____	Identification _____	_____

* This document may be executed counterparts, each of which shall be deemed an original. Each party may execute a facsimile counterpart signature page to be followed by an original counterpart. Each such facsimile counterpart shall constitute a valid and binding obligation of the signing party. If the authorizing agent does not personally appear before a Funeral Home agent, Notarization is required.

Funeral Home Representative as to Undersigned _____ Page 1 of 2

AUTHORIZATION FOR VIEWING OF NON-EMBALMED OR NON-RESTORED HUMAN BODY

NAME OF DECEASED: _____ CLIENT NUMBER: _____

STATE OF _____ COUNTY OF _____ DATE _____

Before me, a Notary Public in and for said County and State, personally appeared _____ who executed this document and was known by me personally or presented a copy of his/her driver's license (copy attached) or the following proof of identification (copy attached) _____.

NOTARY PUBLIC

My Commission Expires: _____

SEAL/STAMP

LIST OF VIEWERS

By signing your name below, or in the case of a minor as the parent or legal guardian of the minor, you agree to be legally bound by all terms and conditions as set forth on Page 1 of this form. Execution of this form is required by all parties prior to viewing of the human remains of the Decedent.

Name	Minor Child? (check if appropriate)	Signature**
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____
_____	<input type="checkbox"/> YES	_____

Use Additional Sheet if necessary

** I represent that I am the parent or legal guardian of the above mentioned minor child(ren) and I have full legal authority to authorize the Funeral Home to allow the minor child(ren) to unembalmed and/or non-restored human remains of the decedent listed above. I agree to be bound by all the terms and conditions as listed on Page 1 as the parent or legal guardian of the minor child(ren).

Funeral Home Representative as to Viewers _____ Date _____

Ceremonial Casket:

1. Family acknowledges this is a rental casket so it has been used previously to hold human remains and will be used again.
2. Family acknowledges that because this casket may have been used previously there may be minor scratches, dents or “wear & tear”
3. Family acknowledges that following the ceremony the individual will be removed and placed in an Alternative Container for cremation.
4. Casket Size and may requires something different if too large.
5. Ceremony will be scheduled based upon availability of casket.
6. Personalization Options – we included as a keepsake

THINK AVIS and HERTZ!



CEREMONIAL / RENTAL CREMATION CASKET RELEASE FORM

Decedent: _____ DATE: _____

Funeral Home: _____

The undersigned elect to use a ceremonial/rental cremation casket (the “Casket”) for the purposes of holding the Decedent’s human remains during any visitation or funeral services (the “Ceremonies”). Therefore, the undersigned acknowledge and agree to the following:

- The selected Casket is a “rental casket” which means that it may have held the human remains of other individuals prior to this use and may hold other human remains again after this use. Also, due to the possibility of re-use, all bodies must be embalmed in order to use a rental casket.
- Due to the possibility of prior use, the Casket may contain minor scratches, dents, stains, as well as other blemishes on the exterior finish or interior material, due to the normal “wear and tear” or use of the Casket as a rental unit.
- Following the Ceremonies, the Decedent will be removed from the Casket and placed into a heavy, corrugated cardboard container, or other suitable cremation container selected by the undersigned, (the “Alternative Container”) and will be cremated in that Alternative Container.
- The Casket is a oversize size casket (approximate interior dimensions – 28” wide and 83” long). If the “Funeral Home” determines, in its sole discretion, that the Decedent is too large for the casket, then the undersigned acknowledge that it will be necessary to purchase another cremation container of suitable dimension.
- The Ceremonies have been scheduled with the Funeral Home based upon the availability of the Casket. Any scheduling changes with respect to the Ceremonies must be approved in advance with the Funeral Home and are subject to the availability of the Casket.
- Personalization items (i.e. Commemorative Medallions) listed below will be displayed in the casket during the ceremonies. At the conclusion of the ceremonies, the personalization items listed below will be provided to the next of kin as a keepsake.

Commemorative Medallions:

1) _____ 2) _____ 3) _____

☐ No Medallions Desired

Signature _____

Relationship _____

Signature _____

Relationship _____



These two items are a must!



INDEMNIFICATION AGREEMENT
FOR
NON-FUNERAL HOME URN CREMATION CONTAINER

Decedent: _____

The undersigned have elected to provide their own container (the "Provided Container") for purposes of holding the cremated human remains of the Decedent. Therefore, the undersigned acknowledge and agree to the following items.

Container Requirements

- Provided Container must have a minimum volume capacity of two hundred (200) cubic inches to accommodate the cremated adult human remains. If the Provided Container does not have sufficient capacity to hold the entire amount of the cremated human remains, the undersigned authorize the Anderson-McQueen Funeral Homes (the "Funeral Home") to dispose of the excess cremated human remains in any non-retrievable manner as permitted by law. Initials: _____
- Provided Container should be constructed of a permanent, durable material which will not break, crack, crumble, dissolve or shatter if (i) dropped, bumped or jostled during transfer, storage or handling, or (ii) exposed to natural elements such as heat, water or moisture and if Provided Container is not so constructed the undersigned agree to indemnify and hold the Funeral Home harmless if the Provided Container should break, crack, crumble, dissolve or shatter while in the Funeral Home's possession.
- Provided Container must have a lid or top to its opening which can be securely fastened in order to prevent spillage during transfer, storage or handling.

Timing of Cremation

Due to the Funeral Home's need to have the Provided Container available for use prior to the commencement of the cremation process, the undersigned acknowledge that the Funeral Home will not be able to schedule the cremation process for the Decedent until the Funeral Home has received possession of the Provided Container and all other requirements have been met. Initials: _____

Transfer of Provided Container

The undersigned acknowledge that the Funeral Home can return the Provided Container only to the undersigned (or other authorized representative) or deliver it to a local cemetery. If the undersigned desire for the Provided Container to be transferred out of town via the US Postal Service, the Funeral Home will return the Provided Container to the undersigned for mailing by them as the Funeral Home will not take responsibility for such transfer of the Provided Container.

Indemnification of Funeral Home

The undersigned assume all liability arising out of the use of the Provided Container and agree to indemnify and hold the Funeral Home, its officers, employees and agents harmless from any and all claims, suits or causes of action, including attorneys' fees for the defense thereof, arising out of the use of the Provided Container. Furthermore, the Funeral Home, by taking possession of the Provided Container, does not make any implicit or explicit guaranty or warranty as to the suitability of the Provided Container for its intended use or satisfaction of any cemetery regulations.

DATE: _____

Signature _____

Relationship _____

Signature _____

Relationship _____

Lunch & Learns in a Box

Lunch & Learns in a Box

1. The Power of the Community Presentation
2. Common Challenges
3. How to set the program up
4. Written training program
5. The idea of "Making Funerals Interesting."
6. How to use "Push/Pull"
7. The essentials of the evaluation
8. Polishing up the presentation
9. Introductions and Bios
10. Questions

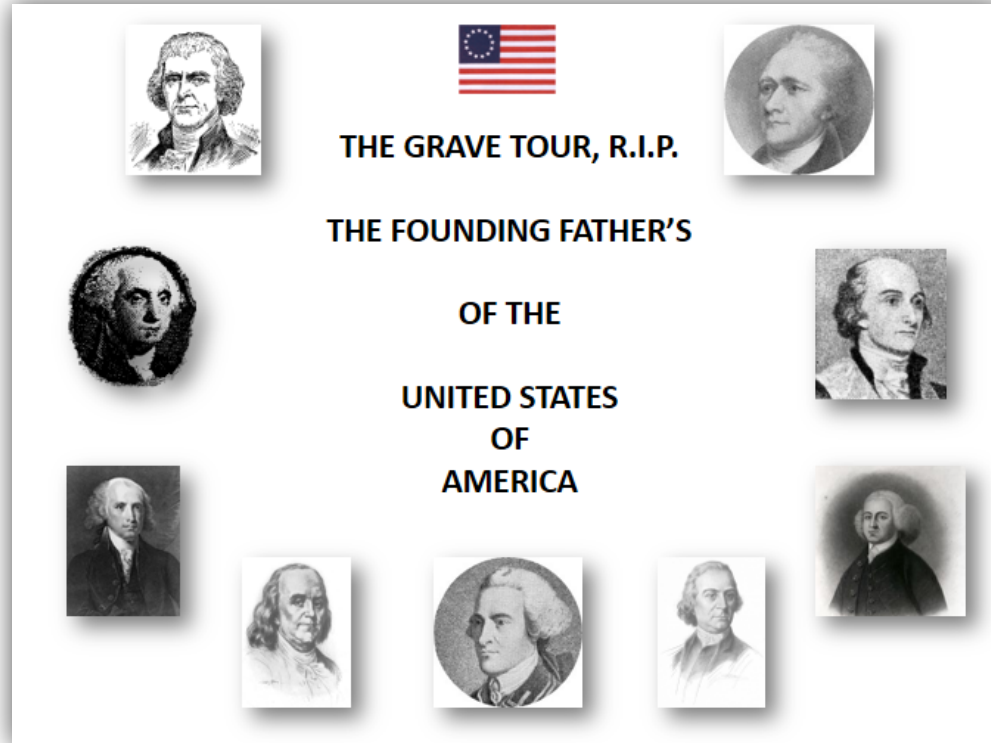
Sample: Dr. Cicely Saunders

Dr. Cicely Saunders

The Lady Who Changed
The Way People Die



Sample: Grave Tour of The Founding Father's of America



How To Get More
Strategies Like These

Let Me Introduce You To The...

Funeral Gurus Membership Site

The screenshot shows the FuneralGurus.com forum homepage. The header is blue with the site logo and navigation links. The main content area is white with orange accents. It features a welcome message, a 'Read this first' section with a link to a video, and a 'Main Forum' section with three sub-forums: 'General Discussion / Water Cooler', 'Please introduce yourself...', and 'Weekly Live Broadcasts'. Each sub-forum shows the number of discussions and messages. On the right side, there is a user profile for ToddVanBeck, a search bar, and a section for 'Members Online Now'.

FuneralGurus.com

Home Forums Members

Mark Forums Read Search Forums Watched Forums Watched Threads New Posts

Home Forums

Funeral Gurus

Welcome to Funeral Gurus

Read this first
Discussions: 1 Messages: 1

Main Forum
This is the General Discussion forum.

General Discussion / Water Cooler
Discussions: 0 Messages: 0

Please introduce yourself...
Discussions: 1 Messages: 1

Weekly Live Broadcasts
Discussions: 0 Messages: 0

ToddVanBeck
Messages: 13
Likes: 0
Points: 1

Search...

Members Online Now
ToddVanBeck
Total: 1 (members: 1, guests: 0, robots: 0)

New Profile Posts
Update your status...

BrentShehorn Is my photo showing up for my profile?
Oct 27, 2014

BrentShehorn I tried to get into the Marketing Blueprint section but couldn't...
Oct 27, 2014

At Your Finger Tips...

- Q & A Discussion: Ask the Mentors... anytime
- Assets:
 - Anderson McQueen Vault
 - Van Beck Library
 - Funeral Futurist Database
- Weekly Trainings (10 – 20 mins) great for staff meetings
- Monthly Webinar (45 – 60 mins)
- Training Archive – recordings of past and future presentations

Samples of Assets

- Worksheets & Checklists:
 - Online Video Marketing Strategy
 - Email Shoppers Reply
 - Google AdWords Worksheet & Keyword List
 - Funeral Home Radio
 - Staff Bio Worksheet
- Templates
 - Job Descriptions
 - Cremation Packages
- Files:
 - Competition Tracker XLS
 - Price Point Analyzer XLS
 - Numerous PowerPoints

Value of the Funeral Gurus Membership

- Ask the Mentors: \$200
- Assets: \$500
- Weekly Trainings: \$150
- Monthly Webinar: \$150
- Training Archive: \$100
- TOTAL: \$1,100

Become A Funeral Gurus Member

Monthly

Annually

\$99 / month

\$999 / year
(2 months free)

All memberships come with 30 Day, 100% Satisfaction Guarantee

Become A Founding Member

- Join now and become a Founding member
- Lock in the discounted price
- Two payment options of:
 - Monthly: \$59 / month
 - Annually: \$599 / year
- To register, go to: www.FuneralGurus.com/join