



NEW JOURNEY CREMATION ARRANGEMENT FORMS

Fax to: New Journey Cremation & Funeral Services at 442-256-4480

Or Email to: info@newjourneycremation.com

From: _____ Phone: _____
Email: _____ Date: _____
Decedent's Full Name: _____
Decedent's Current Location: _____

PLEASE CHECK ONE OF THE FOLLOWING: DEATH HAS OCCURED
 DEATH IS IMMINENT (SOON)

IF YOU HAVE ANY QUESTIONS OR NEED HELP COMPLETING THESE FORMS, PLEASE CALL US AT 442-256-4444.

These forms are required by the State of California to authorize cremation. Each form's purpose is described below for your information. Check the forms over thoroughly, sign, initial or otherwise complete wherever indicated.

NEW JOURNEY CREMATION STATEMENT OF FUNERAL GOODS AND SERVICES

- This agreement outlines the arrangements you're ordering and their costs.

VITAL INFORMATION FORM

- The information provided on this form is required to complete the non-medical portion of the official Death Certificate. PLEASE NOTE: Any vital information left blank will be deemed as "UNKNOWN"

HOSPITAL RELEASE FORM

- This form is required and presented to the hospital in order to bring the deceased into our care facility. (if deceased is at a coroner/medical examiner's then you may print the separate release form provided on our New Journey Cremation website)

DISCLOSURE OF PRENEED FUNERAL ARRANGEMENT

- This form indicates an existence or absence of a pre-arrangement with New Journey Cremation or a different funeral home.

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

- This form serves as written confirmation of the legal next of kin's desires regarding embalming.

AUTHORIZATION FOR CREMATION (2 PAGES)

- This form authorizes New Journey Cremation to handle the cremation of the deceased. Reminder: 51% of closest next of kin must authorize the cremation.

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

- This page describes the details of final disposition of the cremated remains (residence, cemetery, county of sea scattering)

ALSO INCLUDE:

- Copy of picture ID for each person signing (REQUIRED)
- Copy of Durable Power of Attorney for Healthcare (IF APPLICABLE)

While we operate 24 hours a day, once faxed, our administrative staff will contact you during office hours (Monday-Friday, 8:00 AM to 4:00 PM) to go over and confirm receipt of this paperwork.

DECEDENT'S PERSONAL INFORMATION	NAME OF DECEDENT - FIRST (GIVEN)		MIDDLE			LAST (FAMILY)			
	NAME OF DECEDENT - FIRST (AKA)		MIDDLE			LAST (FAMILY)			
	DATE OF BIRTH MM/DD/YYYY	AGE YRS	IF UNDER 1 YEAR		IF UNDER 24 HOURS		GENDER	DATE OF DEATH MM/DD/YYYY	HOUR
			MONTHS	DAYS	HOURS	MINUTES			
	CITY OF BIRTH	STATE OF BIRTH	SOCIAL SECURITY NO.		MILITARY SERVICE	MARITAL STATUS		EDUCATION	
	RACE			HISPANIC - SPECIFY [] YES _____ [] NO					
OCCUPATION			KIND OF BUSINESS/INDUSTRY			YEARS IN OCCUPATION			
DECEDENT'S RESIDENCE	DECEDENT'S ADDRESS - NUMBER AND STREET NAME					DECEDENT'S CITY			
	DECEDENT'S COUNTY	DECEDENT'S ZIP CODE	YRS IN COUNTY	DECEDENT'S STATE OR FOREIGN COUNTRY					
INFORMANT'S INFORMATION	INFORMANT'S NAME			RELATIONSHIP			PHONE		
	ADDRESS			CITY			STATE	ZIP CODE	
	EMAIL						SECOND PHONE		
SPOUSE AND PARENT INFORMATION	NAME OF SURVIVING SPOUSE - FIRST		MIDDLE			LAST (MAIDEN NAME)			
	NAME OF FATHER - FIRST		MIDDLE	LAST			FATHER'S BIRTH STATE/COUNTRY		
	NAME OF MOTHER - FIRST		MIDDLE	LAST (MAIDEN NAME)			MOTHER'S BIRTH STATE/COUNTRY		
PLACE OF DEATH AND FINAL DISPOSITION	PLACE OF DEATH		IF HOSPITAL			OTHER FACILITY	COUNTY		
	ADDRESS					CITY		ZIP CODE	
	PLACE OF FINAL DISPOSITION								
FAMILY MEMBERS	NAME OF FAMILY MEMBER					RELATIONSHIP			
I HAVE READ AND VERIFIED THE ABOVE INFORMATION TO BE ACCURATE _____									
TYPE OF DISPOSITION		EMBALMING DECISION [] YES [] NO		DEATH CERTIFICATES					

AUTHORIZATION FOR RELEASE OF HUMAN REMAINS AND PERSONAL PROPERTY

Name of facility (i.e. hospital, nursing home, etc.)

PURSUANT TO CA HEALTH AND SAFETY CODE; DIVISION 7; CHAPTER 2; SECTION 7053, THIS DOCUMENT IS A DEMAND FOR AND AUTHORIZATION TO RELEASE FORTHWITH THE REMAINS AND PERSONAL PROPERTY OF:

Full Name of Decedent

TO: NEW JOURNEY CREMATION & FUNERAL SERVICES

ACTING AS AGENTS FOR THE FAMILY OF THE DECEASED MENTIONED ABOVE.

Signature of Person 1 Authorizing Release

Relationship to Decedent

Print Name of Person 1

Date

Signature of Person 2 Authorizing Release (if applicable)

Relationship to Decedent

Print Name of Person 2

Date

Funeral Establishment Agent

Date

ANY PERSON WHO FAILED TO RELEASE FORTHWITH THE HUMAN REMAINS SPECIFIED HEREIN UPON DELIVERY OF THIS AUTHORIZATION FOR SUCH RELEASE SIGNED BY ANY PERSON ENTITLED TO THE CUSTODY OF SUCH REMAINS IS GUILTY OF A MISDEMEANOR UNDER THE ABOVE MENTIONED CALIFORNIA HEALTH AND SAFETY CODE; SECTION 7053.

DISCLOSURE OF PRENEED FUNERAL ARRANGEMENT

The funeral establishment, **NEW JOURNEY CREMATION & FUNERAL SERVICES**, license number **FD2353** DOES NOT have a preneed arrangement, as defined below, made by or on my behalf of (name of decedent): _____

If the funeral establishment **does have** a preneed arrangement, 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 IN FULL OR IN PARTY BY OR ON BEHALF OF THE DECEASED AND IS IN THE POSSESSION OF THE FUNERAL ESTABLISHMENT.

Signature of Funeral Establishment Agent

Date

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

Funeral Establishment’s Responsibility – Business and Professions Code Section 7745 requires a funeral establishment to present the survivor of the decedent or the responsible party a copy of any preneed agreement in its possession, which has been signed and paid 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 and 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 (\$1,000.00), whichever is greater.

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 no 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.

You may contact 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 Person 1 Authorizing Preneed

Date

Print Name of Person 1

Signature of Funeral Establishment Agent

Date

Print Name of Funeral Establishment Agent



AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: NEW JOURNEY CREMATION & BURIAL SERVICES
(Funeral Establishment Name)

RE: _____
(Decedent's Name)

Embalming is the addition to or the replacement of, body fluids by chemical preservatives of 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 ____ (please check one) request embalming.

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

**ALL CARING SOLUTIONS 13800 SATICOY STREET VAN NUYS, CA 91402 OR,
CREMATIONS CENTERS OF CALIFORNIA 73700 DINAH SHORE DRIVE SUITE-304 PALM DESERT, CA 92211**
(Location Name and Address)

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

SIGN HERE Signed: _____ Relationship to Decedent: _____

Executed this ____ day of _____, _____, _____, _____
(Month) (Year) (City) (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) authorized embalming at the above named funeral establishment.

Telephone number: _____ Date and time authorized 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 forgoing is true and correct.

Executed this ____ day of _____, _____, _____, _____
(Month) (Year) (City) (State)

Funeral Establishment Representative (Print Name)

Funeral Establishment Representative (Sign Name)

AUTHORIZATION FOR CREMATION AND DISPOSITION

DECEASED: _____

SEX OF DECEDENT: _____

FUNERAL HOME: NEW JOURNEY CREMATION & BURIAL SERVICES

I authorize All Caring Cremations, Joshua Tree Memorial Park, or Cremation Centers of California (if deceased is over 250lbs), (the "Crematory"), to cremate the body of the decedent above (the "Decedent") in accordance with the crematory's rules and regulations and State law regulations. I certify I have the legal right to authorize cremation and control the disposition of the decedent's remains.

[NOTE: California law provides "Any person signing the authorization for the interment or cremation of any remains warrants the truthfulness of any fact set forth in the authorization, the identity of the person whose remains are sought to be interred or cremated, and his or her authority to order interment of cremation. He or she is personally liable for all damaged occasioned.

CHECK

CHECK CORRECT RELATIONSHIP

- ___ I am making this authorization for myself.
- ___ I am the Agent under a Durable Power of Attorney for Health Care
(Authorized counselor MUST INITIAL verifying document is valid and legally confers 7100 Right) INITIALS: _____
- ___ I am the surviving spouse of the decedent.
- ___ I am the surviving Registered Domestic Partner of the decedent.
- ___ I am (We are) the surviving child (children- all or majority)
 ->-> ___ **number of children** There being no surviving spouse/domestic partner)
- ___ I am (We are) the surviving parent (parents)
 ->-> ___ **number of parents** There being no surviving spouse/domestic partner or children.
- ___ I am (We are) all or a majority of the surviving sister(s) and brother(s)
 ->-> ___ **number of sisters and brothers** There being no surviving spouse/domestic partner, children, or parents. I am
- ___ (We are) all or a majority of the surviving niece(s) and nephew(s)
 ->-> ___ **number of nieces and nephews** There being no surviving spouse/domestic partner, children, parents, sisters, and brothers.
- ___ I am (We are) all or a majority of the surviving next of kin of closest degree of decedent as defined in California Probate Code 6400 et seq. and California Health and Safety Code 7100.

Mechanical or Radioactive Devices. Mechanical or radioactive devices, such as pacemakers, may be a hazard if placed in the cremation chamber. The Crematory will therefore not knowingly cremate any remains which contain such a device.

INITIAL I certify that the remains of the Decedent DO DO NOT contain a mechanical or radioactive device.

If the decedent's remains do contain such a device, I authorize the Crematory to arrange for the removal of the device prior to the cremation. I further authorize the Crematory or its agent to dispose of any such device as it deems appropriate, unless other instructions are given here:

INITIAL **INITIAL** _____ I agree to indemnify and hold the Crematory harmless from any and all claims or damages, including damage to the retort(s) or injuries suffered by the Crematory's employees, which arise from my failure to timely notify the Crematory of any mechanical or radioactive implants in the body of the Decedent.

Weight Limits. Due to limitations on the cremation chamber, and restrictions by the local air quality district, the Crematory must make special arrangements to cremate anyone in excess of 300 lbs. In the event the Decedent is over 300 lbs, another crematory may be used, and additional charges will apply.

INITIAL I certify that the Decedent is under 300 lbs. YES NO
(Note: If NO, an additional charge may apply)

Obligation of Crematory; Limitation on Damages. The obligation of the Crematory shall be limited to the cremation of the Decedent and the disposition of the cremated remains as directed herein. I agree to release and hold the Crematory, its affiliated companies and their employees and agents harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and cost of litigation in connection with the cremation and disposition of the cremated remains as authorized herein, or the failure to properly identify the Decedent or to take possession of or make arrangements for the permanent disposition of the cremated remains. No warranties, express or implied, are made by the Crematory and damages shall be limited to the refund of the fee paid for the cremation.

Disposition: I authorize the Crematory to take the action I've indicated below with respect to the cremated remains.

Release the remains to: Funeral Home New Journey Cremation FD.2353 45720 Smurr st indio Ca

or Authorized Person(s) _____ Telephone _____

[NOTE: I understand that if the cremated remains are not picked up within twenty (20) days after the cremation, the Crematory may deliver the remains to a licensed cemetery for final disposition in a manner which may make the remains non-recoverable.]

Mail the remains to: _____
(Name & Address) ADDITIONAL FEE FOR MAILING WILL APPLY

[NOTE: Remains will be mailed via U.S. Postal Service, registered with return receipt requested. I understand that the Funeral Home is acting solely as my agent in mailing the remains, and I agree that the Funeral Home shall not be liable if the remains are delayed, lost or damaged while in the custody of the U.S. Postal Service.]

Hand Deliver remains to: _____
(Name & Address) ADDITIONAL FEE FOR DELIVERY WILL APPLY

Scatter at sea via the Crematory off the Coast of San Diego. ADDITIONAL FEE FOR SCATTERING WILL APPLY

[NOTE: I understand that the Crematory is acting solely as my agent as an accommodation to me in arranging for the scattering of the remains.]

Cremation Container. The Crematory will not accept the remains of the Decedent for cremation unless they are in a leak resistant, rigid combustible cremation container or casket. authorize the Crematory to remove and dispose of handles, ornaments or other non-combustible parts of the cremation container or casket. If the remains arrive at the Crematory in a non-combustible casket or other container, I authorize the Crematory to place the remains in a combustible cremation container and to lawfully dispose of the non-combustible casket or other container in any manner it deems appropriate.

Mementos, Jewelry, Dental Gold/Silver & Other Foreign Materials. Items such as personal mementos, jewelry, dental gold and silver, hinges, latches, nails, screws, staples, plates, metal prosthesis or implants and other foreign materials placed in the cremation chamber with the Decedent will either be destroyed or rendered unrecognizable. Crematory may dispose of any non-combustible items such as a metal prosthesis or implant for the purpose of re-incinerating the item at a higher temperature in order to complete full destruction of the implant to necessitate the recycling of the metallic alloys. All proceeds from recycling are used to reduce cost of cremation.

The Cremation Process. I acknowledge the following: 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 amounts 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.

Time of Cremation. The cremation will take place after all required permits are obtained, this completed and signed Authorization is received by the Crematory, and after any scheduled funeral ceremony at which the decedent's body is to be present has been concluded. The Crematory will perform the cremation according to its schedule, and at its discretion, without obtaining any further authorizations or instructions, unless the right of the person signing this document to authorize the cremation is contested by someone. In that event the Crematory may delay the cremation while it determines whether and how to proceed.

FOR MORE INFORMATION ON FUNERAL, CEMETARY, AND CREMATION MATTERS CONTACT: STATE OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS / CEMETARY AND FUNERAL BUREAU 1625 NORTH MARKET BOULEVARD, SUITE S-208, SACRAMENTO, CA 92834, (916) 574-7870.

WITNESS: IF THIS DOCUMENT IS NOT SIGNED BEFORE A STAFF MEMBER OF FUNERAL HOME OR CREMATORY, PLEASE ATTACH A PHOTOCOPY OF PHOTO IDENTIFICATION WITH SIGNATURE OR IF NO PHOTO ID WITH SIGNATURE, THEN ALL SIGNATURES NEED TO BE NOTARIZED.

DATE _____	SIGNATURE _____	PRINT NAME _____	RELATIONSHIP TO DECEDENT _____
ADDRESS _____			PHONE NUMBER _____
DATE _____	SIGNATURE _____	PRINT NAME _____	RELATIONSHIP TO DECEDENT _____
ADDRESS _____			PHONE NUMBER _____
DATE _____	SIGNATURE _____	PRINT NAME _____	RELATIONSHIP TO DECEDENT _____
ADDRESS _____			PHONE NUMBER _____

Funeral Home Authorized Signature _____

DECLARATION FOR DISPOSITION OF CREMATED REMAINS

I/We hereby declare (my remains) or (the remains of) _____ in
the possession of New Journey Cremation 442-256-4444, will be cremated by
Name of Person arrangements are for
Name of Funeral Establishment and Telephone Number

Cremation Center of California, All Caring Cremations, or Joshua Tree Crematory (760) 327-1257 and shall be disposed of in the following
Name of Crematory and Telephone Number
manner (Note 1): _____
Manner, Location and Other Details of Disposition

Attach additional pages if necessary

Name of person(s) with the legal right to control disposition (Note 2): _____

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



FEDERAL TRADE COMMISSION

The Federal Trade Commission Trade Regulation for "Funeral Industry Practices" and the State of California require certain disclosures and prohibits misrepresentations.

This form is a checklist **New Journey Cremation** asks those we serve to read and sign during arrangement for the funeral of _____ who died on _____.

New Journey Cremation's staff did ____ did not ____ do the following:

I/We, who make these arrangements for the cremation and final disposition of the above named deceased, do hereby attest to the following:

1. A General Price List (GPL), effective March 20, 2021, was given/shown prior to discussing prices, services or merchandise.
2. A Casket Price List (CPL), effective March 20, 2021, was give/shown prior to discussing and selecting of casket or alternative containers.
3. I/We were not told embalming is required by law and were not advised that, except in certain special cases, the law does not require embalming.
4. In order to protect the health and safety of our families that we serve, we are advising you of our policy to dispose of any soiled garments released to us by the Coroner's office. These garments will not be released to the family in order to prevent exposure to contaminated items.
5. I/We were not told that any law requires embalming or direct cremations, immediate burial, a funeral using a sealed casket, or if refrigeration is available and the closed casket funeral is held without viewing or visitations.
6. I/We were not told that any law requires a casket for direct cremation or that a container, other than a rigid cardboard container, is required for direct cremation.
7. No claims were made as to the merchandise or other offerings of this firm that embalming, or the use of any merchandise available, would delay the composition of the remains for a long term, indefinite time or would protect the body from graveside substance.
8. The only warranties, expressed or implied, granted in connection with goods sold with the funeral services selected and arranged were the express written warranties, if any, extended by the manufacturers thereof. No other warranties and no warranties of merchandising fitness or a particular purpose were extended.

SIGN HERE

Signature

Date

New Journey Cremation Rep



SHERIFF-CORONER

COUNTY OF RIVERSIDE

CHAD BIANCO
SHERIFF-CORONER

CORONER BUREAU – WEST

800 S. REDLANDS AVENUE PERRIS, CA 92570
PHONE: 951-443-2300
INVESTIGATIONS FAX: 951-443-2303
MORGUE FAX: 951-443-2322

CORONER BUREAU - EAST

47-225 OASIS STREET INDIO, CA 92201
PHONE: 760-863-8311
FAX: 760-863-7031
MORGUE FAX: 760-863-7530

TO: SHERIFF-CORONER, County of Riverside

Re: _____, Deceased – Coroner File # 20 ____ - _____

REQUEST FOR RELEASE OF REMAINS

I certify that, pursuant to **Section 7100, Health and Safety Code, State of California**, that it is my legal right to control the disposition of the remains of the above named decedent. I hereby request that you release the remains in your custody to:

Name of Funeral Director/Mortuary Mailing Address, City, State, Zip Telephone Number

The person signing this request is liable for all damages caused by any untruthful statements contained in this document (**Health and Safety Code Section 7110**). It is also a criminal offense to forge or knowingly file a false statement with a government agency (**Penal Code Sections 115 and 470**).

PRINT NAME _____ SIGN _____

RELATIONSHIP _____ DATE SIGNED _____

ADDRESS _____ CITY / STATE _____

TELEPHONE NUMBER _____

PERSONAL PROPERTY ADVISEMENT

The Sheriff-Coroner may be in possession of personal property belonging to that of the decedent. Personal property in the possession of the Sheriff-Coroner will be released to the Funeral Director/Mortuary Agent at the time that the remains are released unless specified below. Regardless, the Sheriff-Coroner will only maintain property for ninety days from date of death. Property shall be disposed of after the ninety-day period.

I elect to pick up the personal property from the Sheriff-Coroner within the ninety-day period. I understand that property not picked up within the time period will be disposed of. Call to make an appointment for release.

PRINT NAME _____ SIGN _____

FUNERAL DIRECTOR OR AGENT

I CERTIFY THAT I HAVE EXAMINED AND INITIALED TOE TAG # _____ WHICH BEARS THE NAME OF THE ABOVE NAMED DECEASED AND HAVE RECEIVED THE REMAINS.

I HAVE ALSO RECEIVED THE FOLLOWING ITEMS:

INITIAL PERSONAL PROPERTY INITIAL CLOTHING

REPRESENTATIVE _____ SIGNATURE _____
PRINT NAME

RELEASED BY: _____ DATE/TIME _____
NAME / TITLE