

CONSENT TO BECOME PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in this action, seeking payment of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s). I am, or was employed by Carriage Services, Inc.

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate them class representatives as my agents to make decisions on my behalf concerning the litigation, the method and manner of conducting this litigation, including the settlement therefore, the entering of an agreement with Plaintiffs' counsel concerning attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

Date

Print Name

CONTACT INFORMATION

Name

Street Address

Home Telephone Number

City, State Zip

Cell Phone Number

Social Security Number

E-mail Address (if applicable)

PLEASE KEEP US INFORMED OF ANY CHANGES TO THE ABOVE
INFORMATION. THANK YOU.

RETURN FORM TO:

*Funeral Home Class Action Lawsuit
Dolin, Thomas & Solomon LLP
693 East Avenue
Rochester, New York 14607*

Please review www.funeralhomeclassaction.com for important information about your case.

*If you have any additional questions, feel free to contact the law firm above at
www.funeralhomeclassaction.com (website)
info@funeralhomeclassaction.com (e-mail)
585.272.0540 (telephone M-F 9AM-5PM ET)
585.272.0574 (facsimile)*