

CALIFORNIA ASSOCIATION OF PUBLIC CEMETERIES

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Carol Griese, Executive Director**

STATEMENT FOR CORPORATE DUES, CALENDAR YEAR, 201;

Public Cemeteries and Public Cemetery Districts are eligible to be Corporate Members of CAPC. Dues are based on the number of interments per year.

The dues schedule is as follows: Please select appropriate amount.

1 -10 Interments per year	\$32.00	101-200	\$378.00	501-600	\$945.00
11 -25	\$63.00	201-300	\$504.00	601-	\$1,134.00
26 -50	\$126.00	301-400	\$600.00		
51-100	\$284.00	401-500	\$756.00		

..... AMOUNT ENCLOSED \$ _____
..... AMOUNT TO BE SENT BY COUNTY \$ _____

Payment is due by February 1, 201; .

The following information is necessary to maintain accurate records. This information will be included in the year 201; Directory and is available to all members.

Name of Cemetery (District): _____ **County** _____

Mailing Address: _____ **City:** _____ **Zip:** _____

Location of Office if different from Mailing Address:

Telephone: _____ **Fax:** _____

Email: _____ **Website:** _____

Person in charge: _____ **Title:** _____

Office Secretary (Name): _____

Trustees: List all Trustees. Please indicate new Trustees with an asterisk.

Name:	Address:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Number of Interments per Year: _____ **Number of Cemeteries:** _____ **Acres Dev.:** _____ **Undeveloped.:** _____

CAPC ANNUAL BENEFIT & FEE SURVEY

The following information will be included in the Benefit and Fee Survey to all who participate in this questionnaire. This survey provides valuable information to our Districts. Please answer as many questions as possible.

District or Cemetery Name: _____

Part I, Fees: (YES/NO questions – please check one)

Single Burial Lot Price \$ _____ Endowment Care (Single or DD)\$ _____ O/C Fee \$ _____ Vault \$ _____

Vault Handling Fee \$ _____ Liner \$ _____ Double Depth Lot Prices \$ _____ O/C Fee (1st Burial) \$ _____

O/C Fee (2nd Burial) \$ _____ Crypt \$ _____

Cremation Lot Prices \$ _____ Endowment Care \$ _____ O/C Fee \$ _____ Cremation Vault \$ _____

How many cremations do you allow per cremation grave? _____ How many cremations do you allow per full size grave? _____

Cremation Niches? **YES** **NO** (Range) Costs \$ _____ Cost to Inter \$ _____

Do you provide a scattering garden or underground vault for the disposition of cremations? [**GU*****PQ******* Cost to inter \$ _____

What percent of your annual interments are cremations? _____ %

Non Resident Fee (Full) \$ _____ (Cremation) \$ _____ Marker Setting Fee \$ _____

Saturday Service **YES** **NO** If YES - Cost \$ _____ Disinterment Fee (Range) Full \$ _____ Cremation \$ _____

Annual Operating Budget\$ _____

What percentage of your budget do you receive from property taxes? _____ %

What percent of your budgeted expenses is used for salaries & benefits? _____ %

Part II, Benefits:

Wages: District Manager Per Hr.\$ _____ Manager Per Hr.\$ _____ Secretary/Admin. Per Hr.\$ _____

Foreman Per Hr.\$ _____ Groundsmen Per Hr (Range).\$ _____ How many full-time groundsmen do you employ?

(Include Foremen & working manager) _____ Part-time Employees? _____

Vacation/Weeks (Range) _____ Sick Leave Days (Range) _____

of Holiday's Per Year (Paid) _____ Uniforms Provided? **YES** **NO**

Housing Provided? **YES** **NO** Vehicle Provided? **YES** **NO**

Health Insurance? **YES** **NO** District Contribution _____ % Dental Insurance? **YES** **NO** District Contribution _____ %

Retirement? **YES** **NO** District Contribution _____ % Employee Contribution _____ %

Name of Retirement Plan _____

Any other Benefits Provided by District _____

