



2007 ECONOMIC CENSUS

Funeral Services, Cemeteries, and Crematories

DUE DATE
FEBRUARY 12, 2008

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

OS-81204

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
 - Do not use pencil or felt-tip pen.
 - Place an "X" inside the box.
 - Please center numbers in their respective boxes.
 - Do not put slashes through 0 or 7.
- Examples: 0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to **2** 0022 No - Enter current EIN (9 digits) → 0025 -

2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address?
(P.O. Box and rural route addresses are not physical locations.)

0031 Yes - Go to line B

0032 No - Enter physical location →

0035 Number and street			
0036 City, town, village, etc.		0037 State	0038 ZIP Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
(Mark "X" only ONE box.)

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

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3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)

0011 In operation 0013 Temporarily or seasonally inactive

0014 Ceased operation - Give date at right _____ →

Month	Day	Year

0015 Sold or leased to another operator - Give date at right _____ →

Month	Day	Year

AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴

0060 Name of new owner or operator	0061 EIN (9 digits)
	-

0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.	0064 State	0065 ZIP Code
		-

0016 Other - Specify _____ → 0815 _____

4 MONTHS IN OPERATION

Mark "X" if None

2007
Number

Number of months in operation during 2007 (If none, mark "X" and go to 50.) 0002

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.	Mark "X" if None	2007			
	If a figure is \$1,025,628.79:	Report → <input type="checkbox"/>	\$ Bil.	Mil.	Thou.	Dol.
	If a value is "0" (or less than \$500.00):	Report → <input checked="" type="checkbox"/>				

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

2007
Number

Operating receipts (Funeral and crematory services should include repayments of cash advances made by this establishment.) 0100

6 Not Applicable.

7 EMPLOYMENT AND PAYROLL

- Include:**
- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 1.
- Exclude:**
- Temporary staffing obtained from a staffing service.
 - Contractors, subcontractors, or independent contractors.
 - Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
 - Purchased or managed services, such as janitorial, guard, or landscape services.
 - Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

A. Number of employees for pay period including March 12 0320

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)		Mark "X" if None	2007			
	1. Annual payroll 0300	<input type="checkbox"/>	\$ Bil.	Mil.	Thou.	Dol.
	2. First quarter payroll (January-March, 2007) 0310	<input type="checkbox"/>				

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

8 - 18 Not Applicable.

19 KIND OF BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2007?
(Mark "X" only ONE box.)

Death care services

- 0700 812 210 10 1 Funeral home
- 812 210 20 1 Mortuary service
- 812 220 00 1 Cemetery, excluding animal cemetery
- 812 220 00 2 Animal cemetery
- 812 220 00 3 Crematory
- 777 812 02 1 Other death care service - Specify ↴

0701

Other kind of business or activity

- 773 000 00 1 Other kind of business or activity - Specify ↴

0701

20 and 21 Not Applicable.

HOW TO REPORT PERCENTS

If figure is **38.76%** of total sales:

Report whole percents

2007				
Estimates are acceptable. Report dollars OR percents.				
\$ Bil.	Mil.	Thou.	Dol.	Percent
				3 9

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts by source either as a dollar figure or as a whole percent of total receipts (reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more receipts lines.)

Line 1 - Report receipts from providing care and handling of human remains prior to the final disposition of the body by burial, cremation, or other means.

Line 1a - Report receipts from funeral planning, arranging administrative matters, and coordinating the various steps and facilities involved. Include securing permits and death certificates, preparing notices, sheltering the remains, coordinating arrangements for or performing memorial services, and coordinating with a cemetery, crematory, or other third party for final disposition.

Line 1b - Report receipts from preparing the deceased body for visitation and final disposition, by washing, embalming, and/or grooming. Include final dressing, placement of the deceased in a casket, or preparation for cremation.

Line 1c - Report receipts from local transportation services. Include receipts from the local transportation of friends, relatives, and goods, to and from associated sites and functions.

Line 2 - Report receipts from providing burial of the human body. Include digging the grave, preparing the grave site for services or burial, final closing of the grave, and similar services provided for niches, mausoleum, or other similar facilities for storing ashes. Also include exhumation.

Line 3 - Report receipts from providing rental, lease, or sales of sites for the final disposition of human remains, such as grave sites, niches, or spaces in mausoleums. May include maintenance of the site. Report maintenance of the site by a separate maintenance contract on **line 4**.

Line 4 - Report receipts from providing care and maintenance of individual grave sites, mausoleums, and niches.

Line 7 - Report receipts from providing a package of services for the preparation and disposition of human remains. Include preparation of the body, arrangement and/or management of services, and cremation or burial of the remains. Report receipts providing care and handling of human remains prior to the final disposition on **line 1**.

CONTINUE WITH 2 ON PAGE 4

CONTINUE ON PAGE 4

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22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
1. Pre-burial services for human remains						
a. Funeral planning and coordination services	32351					
b. Body preparation services	32352					
c. Local transportation of human remains	32353					
d. Long distance transportation of human remains	32354					
e. Other pre-burial services for human remains	32355					
f. Sum lines 1a through 1e	32350					
2. Interment of human remains	32360					
3. Graves, plots, and other spaces for human remains						
a. Rented or leased	32371					
b. Sales	32372					
c. Sum lines 3a and 3b	32370					
4. Cemetery maintenance services	32380					
5. Pet funeral services	32424					
6. Resale of funeral goods						
a. Caskets	32391					
b. Urns and other containers for human ashes	32392					
c. Cemetery goods	32393					
d. Other funeral goods	32394					
e. Sum lines 6a through 6d	32390					
7. Packaged funeral services for the preparation and disposition of human remains	32400					
8. Resale of other merchandise - <i>Specify</i> ↴						
	39693					
9. All other operating receipts - <i>Specify if more than 10 percent of total receipts</i> ↴						
	39773					
10. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars	39850					1 0 0

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23-25 Not Applicable.

26 SPECIAL INQUIRIES

A. REPAYMENTS OF CASH ADVANCES

1. Did the receipts or revenue (reported in 5) include repayments of cash advances made by this establishment for the convenience of those served to cover such items as cemetery expenses, transportation, flowers, newspaper notices, clergy and musician honoraria, transcripts, and other items not in the services normally included in the price of a funeral selected at this establishment?

3771 Yes - Go to line 2

3772 No - Go to B

2. Percent of receipts or revenue from repayments of cash advances 3780

2007	
Percent	
	%

B. FRANCHISE

Was this establishment operating under a trademark authorized by a franchisor in 2007?
(Mark "X" only ONE box.)

0237 Yes - franchisee owned establishment

0238 Yes - franchisor owned establishment

0239 No

27-29 Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report				Title			

Telephone	Area code	Number		Extension	Fax	Area code	Number	

Internet e-mail address				Date completed	Month	Day	Year

Thank you for completing your 2007 ECONOMIC CENSUS form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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