



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FORM

OS-81204 (11-16-2011)

2012 ECONOMIC CENSUS

Funeral Services, Cemeteries, and Crematories

OMB No. 0607-0934: Approval Expires 12/31/2013

DUE DATE
FEBRUARY 12, 2013

(Please correct any errors in this mailing address.)

Need help or have questions?

- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** econhelp.census.gov
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

OS-81204

INFORMATION COPY
DO NOT USE TO REPORT

Report Online - It's fast and secure!
Go to: econhelp.census.gov

- OR -

Mail your
completed
form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

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.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

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 to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021

☐

Yes - Go to **2**

0022

☐

No - Enter current EIN (9 digits) →

0025

		-							
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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

						-			
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CONTINUE WITH **2** ON PAGE 2

2 PHYSICAL LOCATION - Continued

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

3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012? (Mark "X" only ONE box.)

0011 ☐ In operation

0013 ☐ Temporarily or seasonally inactive

0014 ☐ Ceased operation - Give date at right

0015 ☐ Sold or leased to another corporation - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

**INFORMATION COPY
DO NOT USE TO REPORT**

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

0060 Name of new owner or operator

0061 EIN (9 digits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0062 Mailing address (Number and street, P.O. Box, etc.)

<input type="text"/>

0063 City, town, village, etc.

0064 State

0065 ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0016 ☐ Other - Specify

0815

4 MONTHS IN OPERATION

Mark "X" if None

2012 Number

Number of months in operation during 2012 (If none, mark "X" and go to 30.) 0002

☐

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is \$2,035,628.79:

Report

Mark "X" if None

☐

If a value is "0" (or less than \$500.00):

Report

☒

2012 \$ Bil. Mil. Thou.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXAMPLE

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

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

☐

2012 \$ Bil. Mil. Thou.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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6 Not Applicable.

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

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 to the left of 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, 2012 0000 ☐

B. Payroll before deductions (Exclude employer's cost for fringe benefits.) Mark "X" if None

1. Annual payroll 0300 ☐

2. First quarter payroll (January-March 2012) 0310 ☐

Mark "X" if None

2012
Number

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Mark "X" if None

2012

\$ Bil.	Mil.	Thou.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 2012?

If none of the provided selections seem appropriate, provide a specific description of the primary business activity.

Mark "X" only **ONE** box.

Death care services

- 0700
- 812 210 10 1 ☐ Funeral home/parlor
- 812 210 10 2 ☐ Funeral home with crematory
- 812 210 10 3 ☐ Mortuary services
- 812 210 30 1 ☐ Transfer services - offers burial or cremation without a funeral service
- 812 210 40 1 ☐ Other funeral services
- 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 services - Describe ↴

0701

Other kind of business or activity

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

0701

20 and 21 Not Applicable.**HOW TO
REPORT
PERCENTS**Percents should be **rounded to whole** percents.If figure is **38.76%** of total sales: **Report** →

2012

Report thousands of dollars OR whole percents.

Estimates are acceptable.

\$ Bil.

Mil.

Thou.

Percent

39

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 3** - 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 4** - 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 5**.**Line 5** - Report receipts from providing care and maintenance of individual grave sites, mausoleums, and niches.**Line 8** - 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**.

Description of sales, shipments, receipts, or revenue

2012

Report thousands of dollars OR whole percents.

Estimates are acceptable.

\$ Bil.

Mil.

Thou.

Percent

1. Pre-burial services for human remains**a.** Funeral planning and coordination services (Include performing memorial service.) 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. Add lines 1a through 1e** 32350**2.** Cremation services for human remains 32180**3.** Interment of human remains 32360CONTINUE WITH **22** ON PAGE 5

CONTINUE ON PAGE 5

81204042

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

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

Description of sales, shipments, receipts, or revenue	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
4. Graves, plots, and other spaces for human remains				
a. Rented or leased 32371				
b. Sales 32372				
c. Add lines 4a and 4b 32370				
5. Cemetery maintenance services 32380				
6. Pet funeral services 36654				
7. Resale of funeral goods				
a. Caskets 32391				
b. Urns and other containers for cremated human remains 32392				
c. Cemetery goods 32393				
d. Floral arrangements 32395				
e. Other funeral goods 32396				
f. Add lines 7a through 7e 32390				
8. Packaged funeral services for the preparation and disposition of human remains 32400				
9. Resale of other merchandise - <i>Describe</i> ↴				
<div style="border: 1px solid black; height: 30px; width: 450px;"></div> 39693				
10. All other operating receipts - <i>Describe if more than 10 percent of total receipts</i> ↴				
<div style="border: 1px solid black; height: 30px; width: 450px;"></div> 39773				
11. TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars 39850				100

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

2012		
Percent		
<input type="text"/>	<input type="text"/>	<input type="text"/>
		%

B. FRANCHISE

1. Was this establishment operating under any trademark(s) authorized by a franchisor in 2012? (Mark "X" only ONE box.)

0237 ☐ Yes - franchisee-owned establishment

0238 ☐ Yes - franchisor-owned establishment

0239 ☐ No

2. If yes, provide the trademark(s) below. ↗

0235

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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	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report

Title

Area code	Number			Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tele-
phone

Fax

Area code	Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E-mail address

Date
completed

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Thank you for completing your 2012 ECONOMIC CENSUS form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

81204067

