

**CALIFORNIA ASSOCIATION OF PUBLIC CEMETERIES**

P.O. Box 119  
San Jacinto, CA 92581  
(951) 925-1111 Fax: (951) 652-3643  
Toll Free (888) 344-9858  
Email: [publiccemeteries@gmail.com](mailto:publiccemeteries@gmail.com)  
[www.capc.info](http://www.capc.info)  
Carol Griese, Executive Director

**STATEMENT FOR CORPORATE DUES, CALENDAR YEAR, 2025**

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.  
**Make Check payable to California Association of Public Cemeteries.**

1 -10 Interments per year	\$34.00	101-200	\$397.00	501-600	\$993.00
11 -25	\$67.00	201-300	\$530.00	601-	\$1,191.00
26 -50	\$133.00	301-400	\$630.00		
51-100	\$299.00	401-500	\$794.00		

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

**Payment is due by February 1, 2025.**

The following information is necessary to maintain accurate records. This information will be included in the year 2025 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.**

<b>Name:</b>	<b>Address:</b>
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 circle 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? **YES/NO** 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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_