



STATE OF NEW YORK  
DEPARTMENT OF STATE  
DIVISION OF CEMETERIES

CEMETERY BOARD

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Richard D. Fishman  
DIRECTOR

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April 4, 2007

Dear Cemeterians,

We are in process of updating and collecting some very important information for our database. We ask that you complete the enclosed questionnaire and return it to our office by May 30, 2007.

Much of this data will be very important in the planning for a mass fatality or pandemic situation. You may be hearing of special meetings in your region that will address planning for such events and we encourage you to attend and take part in those meetings.

Some of you may be contacted by your Coroner's Office as they are working on their county's plans as well. We appreciate any way you can be of assistance.

If you need assistance or have questions about this form you may call: Cindi Craig at 716-847-7101 or Colleen Kelly at 518-474-1860, OR: email: [ccraig@dos.state.ny.us](mailto:ccraig@dos.state.ny.us) kindly put "Mass Fatality form" in the subject line of your emails. Please return forms to the Albany Office.

Sincerely,

*Richard D. Fishman*

Richard D. Fishman  
Director

RDF:cc

Questionnaire

A. Name and address of cemetery/crematory Cem. ID No. \_\_\_\_\_

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

B. Corporate structure of cemetery (Not-for-Profit, religious, municipal), check box.

- Not-for-profit       Religious       Municipal  
 Other \_\_\_\_\_

Normal operating days and hours of cemetery office with staff to handle sales and services.

Days \_\_\_\_\_ Hours \_\_\_\_\_

C. Name, address, all phone numbers, email, cell phone, pager, fax number for three (3) key people (managers/ decision makers) for the identified Cemetery/crematory. List each person as to first contact and subsequent backups.

_____	Title	_____	Cell	_____
_____	Phone	_____	Pager	_____
_____	Email	_____		_____
_____	Fax	_____		
_____	Title	_____	Cell	_____
_____	Phone	_____	Pager	_____
_____	Email	_____		
_____	Fax	_____		
_____	Title	_____	Cell	_____
_____	Phone	_____	Pager	_____
_____	Email	_____		_____
_____	Fax	_____		

Do you have a 24 hour emergency number?       Yes       No

Is this with a professional service or other system?      \_\_\_\_\_ Professional Service      \_\_\_\_\_ Other System

Please explain system. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Cemetery proximity to nearest major roadways, train station, and airfield. Indicate highway name or route number and miles from cemetery

- Roadway - \_\_\_\_\_  
 Train - \_\_\_\_\_  
 Airfield - \_\_\_\_\_

E. Identify cemetery's ability to accept heavy equipment, such as tractor trailers, refrigerated trailers, excavators, etc.

Entrance size width in feet \_\_\_\_\_ Heavy equipment access.  Yes  No

Are there any overhead obstacles e.g.: arches?  Yes  No

Roads:  Gravel  Paved  Other

F. Public visual accessibility of cemetery grounds.

Are interment areas in public view from surrounding public roads?  Yes  No

Are there interment areas that are concealed from public view?  Yes  No

Are there areas for the staging of equipment?  Yes  No

If yes, circle as many as apply from the following: Medical/military, tents, morgues, family identification areas, heavy equipment, fuel, other.

G. Which utilities are on site? (ie: gas lines, power lines, etc.)

Natural Gas Lines  Power Lines  Water Lines

Other \_\_\_\_\_

H. Is the cemetery surveyed, including all roads, utilities, vacant areas, offices etc?  Yes  No

Surveyed \_\_\_\_\_ acres  Estimated \_\_\_\_\_ acres

Acres: Developed Sold \_\_\_\_\_ Developed Unsold: \_\_\_\_\_

Undeveloped, grass covered \_\_\_\_\_ Undeveloped, trees, rocks, etc. \_\_\_\_\_

(Undeveloped, trees, rocks means areas that are not ready for development but could be cleared for development.)

Do you survey your own sections?  Yes  No

If yes, on average how quickly per the season can you get a new section mapped and lot markers installed? \_\_\_\_\_

Summer \_\_\_\_\_ weeks to survey, map and set lot markers.

Winter \_\_\_\_\_ weeks to survey, map and set lot markers.

I. Over all or by section, grounds conditions in each season; ie: very wet, clay rock, etc.?

Cemetery Name: \_\_\_\_\_

Spring:	OK	_____	_____	_____	_____
Summer:	OK	_____	_____	_____	_____
Autumn:	OK	_____	_____	_____	_____
Winter:	OK	_____	_____	_____	_____

J. Cemetery onsite burial equipment. List types and quantity of equipment owned. (Not leased)

- Back Hoe/Number of \_\_\_\_\_ bucket size \_\_\_\_\_  
 Lawn Mower \_\_\_\_\_  Tractor \_\_\_\_\_  
 Frost Breaking equipment \_\_\_\_\_  Other \_\_\_\_\_

On separate sheet, please list the manufacture, age, miles and/or hours of each piece of equipment.

K. Cemetery's onsite fuel storage capacity. How much can you store?

- Gasoline \_\_\_\_\_  Diesel \_\_\_\_\_  Propane \_\_\_\_\_  
 Other \_\_\_\_\_

L. Cemetery's normal burial operations.

- Year-Round  7 day week  6 day week

M. Cemetery total staff and supervision, union or non union.

Grounds/Burial Supervisor(s) (no. of) \_\_\_\_\_ Grounds/Burial Staff (no. of) \_\_\_\_\_

Union (no. of) \_\_\_\_\_ Non-Union (no. of) \_\_\_\_\_ *Contract As Needed*

Administrative Supervisor(s) (no. of) \_\_\_\_\_ Administrative Staff (no. of) \_\_\_\_\_

N. Does the cemetery have a written business continuity plan or disaster plan in place for its staffing, labor, vendors, financial administration, etc?  Yes  No Check all that apply:

- Continuity Plan  Disaster Plan  Staff  
 Labor  Financial  Other

Please submit a confidential copy with this report.

O. Is the cemetery able to sustain itself (cash flow) if due to a mass fatality event(s) interment space and burial fees are delayed or government reimbursed?  Yes  No

How long can you sustain? Circle One: 3 months / 6 months / 12 months / 18 months / 24 months

