### TABLE OF CONTENTS

#### Section A – Staff Issues
- Phase 3 ……………….. 2
- Phase 4 ………………… 4
- Phase 5 ………………… 5
- Phase 6 ………………… 6
- Recovery Phase ……… 6

#### Section B – Removals
- Phase 3 ……………….. 7
- Phase 4 ………………… 11
- Phase 5 ………………… 12
- Phase 6 ………………… 13
- Recovery Phase ……… 14

#### Section C – Identification of Remains
- Phase 3 ………………… 15
- Phase 4 ………………… 16
- Phase 5 ………………… 17
- Phase 6 ………………… 18
- Recovery Phase ……… 19

#### Section D – Preparation of Remains
- Phase 3 ………………… 21
- Phase 4 ………………… 22
- Phase 5 ………………… 23
- Phase 6 ………………… 23
- Recovery Phase ……… 24

#### Section E – Family Contact
- Phase 3 ………………… 24
- Phase 4 ………………… 25
- Phase 5 ………………… 26
- Phase 6 ………………… 27
- Recovery Phase ……… 28

#### Section F – Temporary Storage Site(s)
- Phase 3 ………………… 34
- Phase 4 ………………… 35
- Phase 5 ………………… 37
- Phase 6 ………………… 38
- Recovery Phase ……… 39

#### Section G – Funeral Services
- Phase 3 ………………… 40
- Phase 4 ………………… 40
- Phase 5 ………………… 41
- Phase 6 ………………… 41
- Recovery Phase ……… 42

#### Section H – Disposition
- Phase 3 ………………… 43
- Phase 4 ………………… 47
- Phase 5 ………………… 48
- Phase 6 ………………… 49
- Recovery Phase ……… 50

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**Connecticut Funeral Directors Association**

**Pandemic Plan FINAL - Statements of Purpose (SOP’s)**

**Date of Last Revision:** December 2008

Permission is granted for the use of this plan in part or whole by the recipient. Please print or view with the following margins: Top 0.9”; Bottom 0.7;” Left 1.1”; Right 0.6”

This plan was developed by the Mass Fatality Committee of the CT Funeral Directors Association (CFDA) and subsequently approved by the CFDA board in January 2008 and is subject to periodic revision. CFDA recognizes that some material or statistical information may not be current (i.e. licensed funeral directors, funeral homes, etc.) and therefore suggests that the reader make his or her own inquiries to the appropriate parties (i.e. Dept. of Public Health, etc.) for up-to-date information.

Written by funeral directors, this plan is intended to be suggestions to assist the various mass fatality and pandemic planning committees through out the state. CFDA highly recommends that each town or region customize their own plan with the means and resources that are unique to their district or region (i.e. temporary storage sites) during a mass fatality event. The use of similar plans and forms throughout the state will promote a unified effort and response during a mass fatality event. The Mass Fatality Committee appreciates any suggestions or comments from the reader, thank you. Please feel free to contact us at:

**Connecticut Funeral Directors Association**

364 Silas Deane Highway
Wethersfield, CT 06109
Phone: 800-919-2332
Fax: 860-257-3617
e-mail: connfda@aol.com

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**Supplement Forms for Packets for Websites, Families, Hospitals, Alternate Care Facilities, Law Enforcement, etc.**

- Statement of Identification and Authorization for Disposition Form… 20
- Family Worksheet & Instructions…………………………………… 29-30
- Instructions for Arranging Disposition with Funeral Home…… 30
- Instructions for Handling Deceased at Home & Identification Tag… 30
- *Universal Authorization to Open Grave………………………… 48
- *Universal Authorization for Cremation and Disposition………… 49-50
- CT State Cremation Permit…………………………………… 51
- CT State Cremation Permit Instructions………………………… 52

**Supplement Forms for Regional Mass Fatality Committees**

- Sample Poster for Volunteers/Students from a College or other…… 3
- Sample Letter to mail to Funeral Directors to attend meeting…… 8
- Funeral Home Survey Form………………………………………. 9-10

**Supplement Forms for Funeral Home Business**

- What can I do to Prepare My Business and Staff for Pandemic Flu? 33
- Best Practices to Limit the Spread of Contagious Agents……….. 32

**Supplement Forms for Temporary Storage Site(s)**

- Human Remains Storage Record………………………………… 36

**Suppliers Addresses and Product Information**

- CT Crematories by DEMHS Region – 2008………………………… 54
- CT Licensed Funeral Directors/Embalmers/Funeral Homes…….. 55
- CT Funeral Homes by DEMHS Region…………………………… 55-60

* Subject to the approval of Cemeteries and Crematories, for use in lieu of their standard forms
Purpose
To prepare for anticipated funeral home staff reduction of 40% by conducting a meeting to educate community Funeral Directors, determine an Emergency Meeting Site (place/time) if communications fail (phone, internet, etc.) during the later phases and to create three specific lists for the following:

1. A written Funeral Director (FD) List of all local Funeral Directors, Embalmers and registered apprentices, to include their names, funeral home, business address, phone, e-mail and if they would like to participate in a rotation schedule, share resources, etc., within the community during Phases 4-6. From this list are there FD’s who would be willing to be a spokesperson(s) to the media if a pandemic occurred?
2. A written list of each participating Funeral Home’s non-licensed staff currently assisting their respective funeral homes, and who may be called upon to assist during a mass fatality event. (Each individual FH to create this list)
3. A written Volunteer list of non-licensed volunteers (students) who may be called upon during Phases 4-6 to assist the licensed staff in their tasks.

How to Accomplish
Book a date and location for the meeting; mail invitations to licensed funeral directors, embalmers, apprentices, with date, time, place and agenda of meeting.

For Non-licensed Staff of Volunteering Funeral Homes: each funeral home to create an emergency list of their contacts who may assist during a mass fatality event, to include part-time staff and how they can be contacted, what are their skills, etc.

For non-licensed volunteers: place posters (see attached page 3) at local community colleges (Briarwood College, etc.) and other sites to ask for volunteers to assist during a mass fatality event. Provide a name and phone number for volunteers to call in order to be placed on the volunteer list and ask what skills/talents they have. Record their names, town, phone numbers, etc. on the list to be maintained, and updated as necessary.

During the meeting, discuss with FD’s and others as to an agreed upon Emergency Meeting Site (i.e. one of the funeral homes) if communications are down during the later phases. When an epidemic or pandemic occurs, a pre-selected site and time-frame is necessary for personnel to meet and set the plan into action, if modern communications fail.

Personnel Involved
Local Funeral Directors/Embalmers/Other Staff/Student Volunteers

Resources Needed
Meeting Site
Copies of the Supplement forms listed on page 1 for distribution to FD’s at the meeting
1. Mass Fatality Matrix
2. Human Remains Storage Record Form (see page 36)
3. Volunteer Lists for
   a. Funeral Directors for Rotation Schedule
   b. Non-licensed staff, students, etc.
4. Other forms necessary, (see page 1 Table of Contents for all forms and page #)
Food/Beverages (optional)
Poster to place at community colleges, etc. to recruit students/volunteers (page 3)

Location
Local Health District
Address
Phone #
ATTENTION STUDENTS

The CT Funeral Directors Assn.

MASS FATALITY COMMITTEE

wants YOU!

The Mass Fatality Committee is seeking volunteers to create a Volunteer List of individuals who may be called upon to assist funeral home personnel during an influenza outbreak or pandemic.

All are welcome, especially those skilled in science/anatomy, computer (data entry/retrieval), business, organizational/office skills and other skills.

For information, or to be placed on the Volunteer List, please call the CT Funeral Directors Association at:

1-800-919-2332
Purpose

To train your Part-time staff and student volunteers to perform necessary tasks to remain operational during this phase and pending Phase 5-6. Refer to What can I do to Prepare My Business and Staff for Pandemic Flu (attached).

How to Accomplish

Refer to the volunteer and FH lists that were created during Phase 3-A and finalize these lists. Define the rotation schedule of the local participating funeral homes and their staff as to what duties will be included, etc.

Rotation schedule may include:

- One license per location to meet with families for vital static information necessary for Death Certificate, necessary paperwork/permits to be signed.
- Have several teams of personnel (part-time staff and volunteers) with one licensed director per team, assigned to perform removals at Hospital, convalescent homes, alternate care sites, etc. and transport to individual funeral home (if known and as space permits) or to temporary storage site(s) for future pickup by designated funeral home.
- One license (accompanied by non-licensed personnel) per location to transport remains to crematory, cemetery or pickup remains from temporary storage site.
- Have some teams of personnel, with one licensed director per team, to transport remains from temporary storage site to crematory or cemetery, provided paperwork is in order and permission is granted from designated funeral home to proceed with disposition.

Tasks may include:

- removals, how to operate stretcher, devices
- lifting/transferring remains to pouches, tables, stretchers, caskets, etc.
- location of supplies, pouches, gloves and other PPE
- how to operate vehicles, where keys and gas cards are kept
- alarm codes for FH and garage
- computer data entry
- completing Death Certificates
- filing Death Certificates and obtaining permits
- completing (abbreviated) obituary notices, if applicable
- Payroll
- Inventory, supplies, etc.
- where cemeteries & crematories are

Personnel Involved

Local Funeral Directors/Embalmers/Other Staff/Student Volunteers

Resources Needed

Funeral Directors for Rotation Schedule
Non-licensed staff, students, etc.

Location

Each participating Funeral Home
Phase 5-A  Staff Issues

**Purpose**
To activate the rotation schedule among participating funeral homes and licensed personnel. Part-time staff and volunteers (including students) to assume duties that they were trained for during Phase 4-A.

**How to Accomplish**
Mass Fatality Committee members to be in contact with participating funeral homes, licensed personnel and volunteers to activate the rotation schedule within the community. A hard copy of this schedule will be released to each participating funeral home.

Each funeral home should activate their own part-time staff and volunteers to perform only the essential and necessary tasks to maintain operations.

**Tasks may include:**
- removals, how to operate stretcher, devices
- lifting/transferring remains to pouches, tables, stretchers, caskets, etc.
- location of supplies, pouches, gloves and other PPE
- how to operate vehicles, where keys and gas cards are kept
- alarm codes for FH and garage
- computer data entry
- completing Death Certificates
- filing Death Certificates and obtaining permits
- completing (abbreviated) obituary notices, if applicable
- Payroll
- Inventory, ordering supplies, etc.
- where cemeteries & crematories are

**Personnel Involved**
Local Funeral Directors/Embalmers/Other Staff/Student Volunteers

**Resources Needed**
- Funeral Directors for Rotation Schedule
- Non-licensed staff, students, to assist and perform necessary tasks
- Vehicles for transporting remains
- Temporary Storage Site(s) to be activated

**Location**
Each participating Funeral Home
Temporary Storage Site(s)
### Phase 6-A  Staff Issues

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Continuation of Phase 5-A, and seek additional local, or state assistance to aid in the removal, storage and disposition of human remains.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to Accomplish</td>
<td>Mass Fatality Committee to be in contact with Health District to request additional assistance, support, supplies, etc.</td>
</tr>
<tr>
<td>Personnel Involved</td>
<td>Same as Phase 5-A</td>
</tr>
<tr>
<td>Resources Needed</td>
<td>Seek additional assistance locally/state such as National Guard, etc.</td>
</tr>
<tr>
<td>Location</td>
<td>Same as Phase 5-A</td>
</tr>
</tbody>
</table>

### Recovery-A  Staff Issues

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To return to normal business and operational procedures of each funeral home with their own staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to Accomplish</td>
<td>Mass Fatality Committee to consult with each participating funeral home. Rotation schedule will be eliminated, unless Funeral Home still has reduced staff or no staff. Individual Funeral Homes/Directors may assist other Funeral Homes in need, at their discretion.</td>
</tr>
<tr>
<td>Personnel Involved</td>
<td>Mass Fatality Committee Each participating Funeral Home</td>
</tr>
<tr>
<td>Resources Needed</td>
<td>Phone contact</td>
</tr>
<tr>
<td>Location</td>
<td>Each Funeral Home</td>
</tr>
</tbody>
</table>
**Purpose**
To evaluate the funeral homes abilities in the health district, to transfer remains during a mass fatality event such as pandemic influenza.

**How to Accomplish**
Removals will be performed normally during this phase, however, this is the time to seek out information and discuss options with other licensed FD’s and embalmers who work within your health district.

Determine the number licensed FD’s, embalmers, removal vehicles (minivans, SUV’s, hearses, etc.) stretcher, etc. that may be available during an emergency.

Create a community funeral home personnel list to include numbers of licensed embalmers, funeral directors, apprentices, part-time help and volunteers that may be called upon during an emergency.

Mail a survey to all licensed staff in the health district for their completion and an invitation to a meeting to review attached matrix, make changes, additions or discuss circumstances unique to the health district. See attached survey and invitation, for recommendations on what to include in the mailing.

Coordinate a meeting of all licensed staff of funeral homes within the health district and discuss creating a rotation schedule for removals from places of death to temporary storage site(s) to be established within the community during later phases, if necessary. Ask the local health director for permission to provide and purchase refreshments for the meeting.

**Personnel Involved**
Mass Fatality Committee
Funeral Home Staff
Local Health District Personnel

**Resources Needed**
Phone contact
Mail surveys and invitations (pages 8, 9 & 10)

**Location**
Funeral Home
Public site for the meeting, such as the local Health Dept. Office
Dear «First_Name»:

On behalf of the ______________________ Health Dept. or District’s Mass Fatality Committee, I would like to personally invite you to an informational meeting regarding Pandemic Influenza (or a Mass Fatality Event) that may occur in our community.

The Mass Fatality Committee includes ___________________________ (Name the committee members and where they are from) and we have been meeting regularly.

Our hard work is paying off and the GOOD NEWS is that we have developed a plan that remains open to your input and suggestions. We would like to present the plan to you and receive your valuable input at the same time. We will be finalizing this plan with the Health District very soon.

The licensed staffs from the following funeral homes have been invited to the meeting: (List names and Funeral Homes of those invited).

We certainly hope that a pandemic event will NOT occur, however, we should be prepared for any disaster in our community or a neighboring community. It seems logical to pool our resources and skills together, thereby enabling us to work more efficiently and effectively. This combined effort would likely ensure our business’s survival and endurance, while providing a necessary service to our local community. Remember that we are part of a critical infra-structure that is necessary during a pandemic or disaster and we know our community best!

Please complete the survey included and return it by fax or bring to the meeting. Also please review the enclosed information (Pandemic Influenza Matrix, Human Remains Storage Record) to better prepare you for the meeting. We hope to see you there!

Sincerely,

__________________________
Mass Fatality Committee
FUNERAL HOME SURVEY

This survey will be used and submitted to the Health Dept. or District for the Emergency Plan Only. Please complete to the best of your ability and return the survey at the meeting on ______________, or Fax to_________________________. Thank you!

Name of your Funeral Home: _________________________________________________

What is your Name:  _________________________________________________

Would you personally be willing to volunteer on the _______________ Health Dept. or District’s Mass Fatality Response team during pandemic influenza or other mass fatality event?

- Yes
- No
- Undecided

If you were ill or incapacitated, or have two or less licensed directors on staff, would you permit the Mass Fatality Response team to utilize your:

- Funeral Home
- Garage
- Equipment (stretches, pouches, etc.)
- Removal Vehicles

- Yes
- No
- Undecided

How many of the following does your funeral home employ:

- Licensed Funeral Director Only ____________
- Licensed Embalmers ____________
- Registered Apprentice ____________
- Full-time Non-Licensed ____________
- Part-time Non-Licensed ____________

How many chapels are in your funeral home?  1          2          3          4

What is the approximate size of:

Chapel 1: _______ square feet     small     medium     large     very large
Chapel 2: _______ square feet     small     medium     large     very large
Chapel 3: _______ square feet     small     medium     large     very large
Chapel 4: _______ square feet     small     medium     large     very large

Prep Room   _______ square feet

How do you describe the area in size? (circle)

- small
- medium
- large
- very large

Is there a casket selection room in the FH?  ☐ Yes ☐ No

How many full sized caskets are in this room and/or in Storage? _______________

If you use casket racks for display, how many:

- Single Racks/Stands: ______________
- Double racks: ______________

How many church trucks do you have? ______________

Do you have a casket lift?  ☐ Yes ☐ No

~ Please complete the survey on the next page ~
Funeral Home Survey Continued

Do you have an active prep room? ☐ Yes ☐ No

How many workable embalming machines are in your prep room? ____________

Is your morgue climatly controlled by: ☐ Refrigeration ☐ AC ☐ N/A ☐ Other

How many removal vehicles does the funeral home possess? Indicate number of each if applicable.

_______ Van _______ Hearse _______ SUV/Truck _______ Wagon

How many workable stretchers do you use? _______________ Reeves Stretchers? __________

How many pouches are stocked at any given time? _______________ Disaster Pouches? __________

Do you customarily perform your own removals? ☐ Yes ☐ No

Do you customarily perform your own embalming? ☐ Yes ☐ No

Does the funeral home have a garage? ☐ Yes ☐ No

How many parking bays does it have? ________________

Is there an alarm system in the:

Funeral Home ☐ Yes ☐ No

Garage ☐ Yes ☐ No

Is there a window in your garage to fit an Air Conditioning unit if necessary? ☐ Yes ☐ No

How many active phone lines does your funeral home have right now? (indicate # of lines) __________

How many phone lines could your current system be capable of holding? __________

Are there other licensed Embalmers or Funeral Directors or retirees that you know of that live within the our

Health District area? ☐ Yes ☐ No

If yes, please provide name and phone number so that they may be contacted in an emergency:

Name __________________________________________ Phone ________________________

Name __________________________________________ Phone ________________________

Do you have any items or equipment that might be useful in the retrieval, storage and disposition of human

remains? Any heavy equipment, hydraulic equipment, etc. Please specify:____________________________

________________________________________________________________________________________

________________________________________________________________________________________

Do you have any comments or suggestions regarding a Mass Fatality Event, or Pandemic Influenza?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Signature__________________________________________ Date:_____________________

Best # to reach you during an emergency? ________________ License #__________________

E-Mail Address________________________________________ Fax #_____________________

10
Phase B-4  
Removals

**Purpose**
To protect the funeral home staff when in contact with and transferring human remains.

**How to Accomplish**
Removals will continue to be performed normally during this phase, however, the funeral home will notice the increase in transfers due to the increases in death.

Wear masks and PPE when going into public places such as hospitals, nursing homes, alternate care sites, private homes, etc.)

Wash hands frequently, do not touch your face and avoid close contact with others (social distancing).

Bring an ID form with you on the removal, if family is present, have them sign the ID form immediately.

When handling the body, place a cloth (with topical disinfectant) over the mouth of the deceased to avoid any expelled air from the remains when you shift and transfer the body.

Tag the remains with the appropriate ID tag, place in pouch and zip closed to the feet. If pouch is to be opened later, the ID tag can easily be accessed at the feet, while avoiding the head, chest and lung areas of the deceased.

Transfer to specific funeral home as space permits, or to a temporary storage site, if activated during this phase.

Initiate an early rotation schedule of the participating funeral directors, embalmers and other staff who are capable of performing removals.

If a funeral home is not suitable for temporary storage of human remains, utilize the equipment of the funeral home (stretchers, chemicals, vehicles, etc.) and partner with a larger facility funeral home that can accommodate holding a large number of human remains.

Download the Family Worksheet & Instructions, Instructions for Arranging Disposition with Funeral Home and Instructions for Handling Deceased at Home & Identification Tag form (see pages 29-30) and make available on your website, or print mass copies to hand out.

**Personnel Involved**
Funeral Home staff
Students/volunteers to be trained to assist with removals and begin performing

**Resources Needed**
Stretchers (regular, portable, reeves)
Vehicles for removal (minivan, hearse, SUV’s)
PPE and transfer supplies (pouches, ID tags, etc.)

**Location**
Funeral Home
Temporary Storage Site(s) if available to deliver remains to
Places of death (homes, hospitals, alternate care facilities, nursing homes, assisted living)
Purpose

To protect the funeral home staff when in contact with and transferring human remains and supplement staff/volunteers available for removals.

How to Accomplish

Continue with Phase 4 Procedures

If rotation schedule is not initiated, activate the rotation schedule during this phase. Rotation schedule to include a team of 3 people: one licensed funeral director/embalmer or apprentice and 2 non-licensed (but trained) personnel (part time staff, students, volunteers, etc.)

Perform batch removals from hospitals, alternate care sites, and other sites where many deaths will occur during a short period of time. If stretchers are in short supply, use a disaster pouch (25 mil.) as a stretcher to carry remains that are already in a 4 mil. or 8 mil pouch. Remove the pouch remains and use the disaster pouch again for moving other remains.

Utilize moving trucks (Penske, U-Haul, etc.) for the batch removals to transfer several remains at once to the funeral home or temporary storage site. Expect rental truck companies to not permit their trucks to be used for our needs. If the governor declares an emergency, the use of the trucks may be possible. If trucks are not available, use minivans and fit 3 remains in at once (2 reeves stretchers, and one stretcher or 2 remains (pouched) remains and one stretcher). Continue on a regular basis to the hospital, alternate care facilities and nursing homes to reduce the morgue capacity. If the morgue capacity is full and congested, this will affect the bed availability of the hospital, alternate care facilities, nursing homes, etc., to care for those who are sick and need treatment.

Expect a delay with performing home removals. Although perhaps being unsettling for a family to have their deceased loved one at home for a time, the greater good is to focus on the hospitals, nursing homes, etc. to provide for the living and sick. Perform home removals on a daily basis, fitting up to three remains in the removal vehicle if possible. Conserve on time, which is essential, gasoline and personnel to perform these tasks. Strive to transfer remains at home within a 24 hour period. Keep in mind that the family may have been living with the loved one and would have already been exposed to any virus, etc. Having the remains at home for up to 24 hours will not pose an increased risk of getting that same virus or influenza.

Explain to families that due to the epidemic, there will be a delay in transferring their loved one from home. Suggest that the family view your website and follow the Instructions for Handling Deceased at Home & Identification Tag and complete the Family Worksheet & Instructions (see pages 29-30). If not available by website, provide instructions over the phone if the family is willing or capable to follow the instructions.

Tag the remains with the appropriate ID tags, place in pouch and zip closed to the feet. If pouch is to be opened later, the ID tag can easily be accessed at the feet, while avoiding the head, chest and lung areas of the deceased. Take photograph before closing pouch.

Personnel Involved

Funeral Home Staff
Students/volunteers to perform batch removals
Governor, Commissioner of Public Health and Local Public Health Director

Resources Needed

Moving/rental truck Companies (Penske, U-Haul, or any trucks that can be seized, etc.)
Vehicles for removal (minivan, hearse, SUV’s)
Stretchers (regular, portable, reeves)
PPE and transfer supplies (pouches, ID tags, etc.)
Family Worksheet and Instructions form (attached in Phase E – Family Contact, pages 29-30)

Location

Funeral Home
Temporary Storage Site(s)
Places of death (homes, hospitals, alternate care facilities, nursing homes, assisted living)
Purpose

To perform removals during the pandemic as efficiently as possible

How to Accomplish

Continue with Phase 5 Procedures

If rotation schedule is still in effect continue to use a team of 3 people: one licensed funeral director/embalmer or apprentice and 2 non-licensed (but trained) personnel (part time staff, students, volunteers, etc.) The team may be reduced to 2 people because of staff shortages. If stretchers are in short supply, use a disaster pouch (25 mil.) as a stretcher to carry remains that are already in a 4 mil. or 8 mil pouch. Remove the pouched remains and use the disaster pouch again for moving other remains.

Continue with batch removals from hospitals, alternate care facilities, and other sites where many deaths will occur during a short period of time. Make attempts to transfer up to three remains in removal vehicle or multiple remains in rental trucks. If the governor declares an emergency, the use of the trucks may be possible.

As best is possible, continue on a regular basis to the hospital, alternate care facilities and nursing homes to reduce the morgue capacity. If the morgue capacity is full and congested, this will affect the bed availability of the hospital, alternate care facilities, nursing homes, etc., to care for those who are sick and need treatment.

Delay with performing home removals, the greater good is to focus on the hospitals, nursing homes, etc. who are essential to provide for the living and sick. Perform home removals on a daily basis, fitting up to three remains in the removal vehicle if possible. Conserve on time, which is essential, gasoline and personnel to perform these tasks. Strive to transfer remains at home within a 24 hour period. Keep in mind that the family may have been living with the loved one and would have already been exposed to any virus, etc. Having the remains at home for up to 24 hours will not pose an increased risk of getting that same virus or influenza to the family.

Explain to families that due to the pandemic, there will be a delay in transferring their loved one from home. Suggest that the family view your website and follow the Instructions for Handling Deceased at Home & Identification Tag and complete the Family Worksheet & Instructions (see pages 29-30). If not available by website, provide instructions over the phone if the family is willing or capable to follow the instructions.

Tag the remains with the appropriate ID tags, place in pouch and zip closed to the feet. If pouch is to be opened later, the ID tag can easily be accessed at the feet, while avoiding the head, chest and lung areas of the deceased. Take photograph before closing pouch.

Personnel Involved

Funeral Home Staff
Students/volunteers to perform batch removals
Governor, Commissioner of Public Health and Local Public Health Director

Resources Needed

Moving/rental truck Companies (Penske, U-Haul, etc.)
Vehicles for removal (minivan, hearse, SUV’s)
Stretchers (regular, portable, reeves)
PPE and transfer supplies (pouches, ID tags, etc.)
Family Worksheet and Instructions form (pages 29-30)

Location

Funeral Home
Temporary Storage Site(s)
Places of death (homes, hospitals, alternate care facilities, nursing homes, assisted living)
**Purpose**
To resume normal schedule of performing removals and restore equipment/supplies used during the pandemic.

**How to Accomplish**
De-activate the rotation schedule for community removals, each funeral home to perform removals as customary, if possible.

Sterilize, decontaminate or destroy equipment as necessary.

Contact a professional bio-hazard clean-up company like Absolute Traumaway (860)628-0706 to clean rental trucks/equipment used during the pandemic.

Return rental trucks/equipment to appropriate parties.

Since removals may have been performed by staff who may not be from the funeral home the family selects or selected, refer to the Human Remains Storage Records in the log book of temporary storage sites to arrange for possible compensation for removals performed. If compensation is provided by a State or Federal source (FEMA), obtain a photocopy of the Human Remains Storage Record to provide documentation for processing. It is not known how much funds will be provided from the state or federal agencies for reimbursement nor the timeliness of such reimbursement.

**Personnel Involved**
Funeral Home Staff
Staff or overseer of Temporary Storage Site(s) to provide copies of Records or provide to state Bio-Hazardous Clean-up Company to clean vehicles, equipment, etc.

**Resources Needed**
Moving/rental truck Companies (Penske, U-Haul, etc.)
Vehicles used to perform removals (minivan, hearse, SUV’s)
Stretcher(s) (regular, portable, reeves)
Photocopy of Human Remains Storage Records of removals you performed

**Location**
Each Participating Funeral Home
Purpose

To determine identification supplies necessary for the next phases

How to Accomplish

• Contact suppliers and create a list of products, prices and contact person to order from.

• Recommended items for identification include:
  - Metal disks (indestructible that crematories use)
    Approach your local health department to purchase the number of disks necessary to cover the estimated deaths in your health district. Numbered disks can be ordered with the name of health district, town, etc. These economical disks will become extremely useful to identify remains especially if temporary interment takes place during the pandemic. Recommended to order two of the same numbered disks per remains, with one disk placed in the mouth and a second attached to the ankle. This will help in the identification of decomposed remains (or bones) especially if temporary interment is used. The disks also help to avoid number duplication among the deceased remains, as each remains are to be assigned only one number within the health district. If purchased in advance, the disks may be distributed to area funeral homes and temporary storage site(s).
  - Zip ties (to pass thru hole in metal disk and attach to ankle of deceased)
  - Pouches: write number of metal disk and name of deceased with permanent marker on exterior of pouch.
  - Cameras: Polaroid or digital
  - Film & batteries for camera
  - ID tags made of plastic and writable
  - Permanent markers (to write on tags and pouches)
  - ID Forms (see attached Statement of Identification and Authorization for Disposition Form) including a waiver of ID forms

Personnel Involved

Mass Fatality Committee
Each participating Funeral Home
Local Health District
Suppliers
Retail Stores: Home Depot, Lowe’s, Staples, etc.

Resources Needed

See items listed above

Metal Identification Disks (stainless steel, to attach to remains) approx. $0.69 each (1000)  
*Matthews International Corp.*, 2045 Sprint Blvd., Apopka, FL 32703  800-327-2831

Zip-Ties (to attach ID Disks to remains): *Home Depot, Lowes*

Universal I-D Band (stainless steel)  *The Dodge Company*  800-443-6343
www.dodgeco.com  Item #923050  Box of 10  $49.50 (plus tax & freight)

Cameras  
____Polaroid  _____Digital  _____Other

Batteries, Film

ID Bands (Write-On)  *Monarch Resources*  800-242-4231  www.monarchresources.com
Box of 250 (blue, green, red, white & yellow)  $62.50 (plus s+ h)

ID Toe-Tags (Tyvek)  *Monarch Resources*  800-242-4231  www.monarchresource.com
Box of 100 (date, name, FH, Case#, Embalm yes no hold, Retrieval by)  $25.00 (plus s+ h)

Human Remains Storage Record: see page 36
### Location
Each Participating Funeral Home

### Purpose
To purchase identification supplies necessary for the next phases, perform identifications as customarily performed.

### How to Accomplish
- Refer to the order list you created and begin purchasing items necessary.
- Metal disks (that crematories use)
  - If local health department will purchase the disks have them do it during this phase.
  - Distribute disks to funeral homes and temporary storage site(s). Each human remains may be assigned two of the same numeric (duplicate) disks. One disk is to be placed in the mouth of the deceased and the other disk attached to the outside of the pouch.
- Zip ties (to pass thru hole in metal disk and attach to ankle of deceased)
- Pouches: write number of metal disk and name of deceased with permanent marker on exterior of pouch.
- Cameras: polaroid or digital
- Film & batteries for camera
- ID tags made of plastic and writable
- Permanent markers (to write on tags and pouches)
- ID Forms including a waiver of ID forms

### Personnel Involved
- Mass Fatality Committee
- Each participating Funeral Home
- Local Health District
- Suppliers
- Retail Stores: Home Depot, Lowe’s, Staples, etc.

### Resources Needed
See items listed above

**Metal Identification Disks** (stainless steel, to attach to remains) approx. $0.69 each (1000)
*Matthews International Corp.*, 2045 Sprint Blvd., Apopka, FL 32703  800-327-2831

**Zip-Ties** (to attach Metal ID Disks to remains): *Home Depot, Lowes*

**Universal I-D Band** (stainless steel)
*The Dodge Company*  800-443-6343
[www.dodgeco.com](http://www.dodgeco.com)  Item #923050  Box of 10  $49.50 (plus tax & freight)

**Cameras**
- ___Polaroid
- ___Digital
- ___Other

**Batteries, Film**

**ID Bands (Write-On)**
*Monarch Resources*  800-242-4231  [www.monarchresources.com](http://www.monarchresources.com)
Box of 250 (blue, green, red, white & yellow)  $62.50 (plus $+ h)

**ID Toe-Tags (Tyvek)**
*Monarch Resources*  800-242-4231  [www.monarchresource.com](http://www.monarchresource.com)
Box of 100 (date, name, FH, Case#, Embalm yes no hold, Retrieval by)  $25.00 (plus $+ h)

**Human Remains Storage Record**: see page 36

### Location
Each Participating Funeral Home
Phase C-5  Identification of Remains

**Purpose**
Actively use identification supplies with the Best Practices suggested below. Perform identification in funeral home, or show photograph to family to ID and avoid contact with the deceased. Begin linking the Metal ID number assigned to each remains with the OCME.

**How to Accomplish**
1. Place one of two duplicated numbered metal disks in the mouth of the deceased and attach a second metal disk (with the same numeric number) to the pouch of the same deceased using a zip tie. Or, write pertinent information directly on the inside of a laminate sheet (customarily used for prayer cards) and laminate the sheet. Punch a hole through it and fasten to remains with a zip tie or staple on to clothing.

2. If using plastic Id tags, write in permanent marker on the tag, on the outside of the pouch and also on the Human Remains Storage Record.

3. Record the ID number on the exterior of the pouch and also on the Human Remains Storage Record. Contact the OCME with decedent information and obtain OCME number during this phase for all remains (not just cremation), if required.

4. Take photograph of human remains, if using an ID tag, place the id tag (or write on a separate sheet of paper) temporarily near the face of the deceased (below the chin) and photograph to show the name/ID number on the tag or paper. Attach the tag to the deceased and store the photo in deceased’s file. Photos could be sent electronically to the OCME.

5. Zip the pouch closed so that the zipper ends at the feet of the deceased to easily access the ID tag/metal disk, attached to the ankle, in the future. This will limit exposure to the decomposing remains (upper head, chest and lung region of the remains, if opened at a later date.

6. Record necessary information on the Human Remains Storage Record

**Personnel Involved**
Funeral Home staff

**Resources Needed**
Pouches, cotton sheets
Identification Forms for family to sign or waive

Clear Laminating Pouch (Prayer Card Size) 2 ¾ x 4 ½  & Laminating Machine
Lamcraft, Inc. 4131 N.E. Port Drive, Lee’s Summit, MO 64064 (800) 821-1333
www.lamcraft.com  Item #342105  box of 500

Metal Identification Disks (18 ga. stainless steel, to attach to remains)
Minimum of 250 @ $.89 ea.; 500-999 @ $.79 ea.; 1000+ @ $.69 ea.
1 ¼ inch diameter, ¼ hole for attachment, 3 lines of words (16 spaces per line), 1 line for 5 digit #
Matthews International Corp., 2045 Sprint Blvd., Apopka, FL 32703 800-327-2831 Ext. 126

Zip-Ties (to attach ID Disks to remains): Home Depot, Lowes

Universal I-D Band (stainless steel) The Dodge Company 800-443-6343
www.dodgedco.com Item #923050  Box of 10  $49.50 (plus tax & freight)

Cameras
_____Polaroid
_____Digital
_____Other

Batteries, Film
Batteries, Memory Cards

ID Bands (Write-On) Monarch Resources 800-242-4231 www.monarchresources.com
Box of 250 (blue, green, red, white & yellow)  $62.50 (plus s+ h)

ID Toe-Tags (Tyvek) Monarch Resources 800-242-4231 www.monarchresource.com
Box of 100 (date, name, FH, Case#, Embalm yes no hold, Retrieval by) $25.00 (plus s+ h)

**Location**
Each Participating Funeral Home & Temporary Storage Site(s)
**Purpose**  
To continue to use Best Practices for identification of remains and link all remains (not just cremation) to the OCME for tracking purposes.

**How to Accomplish**  
• Arrange for identification using photographs at a later date. Time and public health may prohibit meeting with next of kin for in-person identification of remains.

• Provide decedent information and the metal disk ID number to the OCME for tracking and to obtain the OCME #.

• If you exhaust your supply of ID tags, disks, etc. use laminating sheets for prayer cards. Write the information of the deceased on the back of an unprinted prayer card or paper and laminate. Punch a hole thru the laminated card (avoiding the card/paper itself as leakage will render it useless) and attach to remains with a zip tie. You can also write directly on the INSIDE of the laminate and not use paper or a prayer card. Use a fine tip permanent marker or ballpoint pen, write the necessary information and then pass it thru the laminator. The ink will be protected inside the laminated plastic.

• If zip ties are unavailable, use ligature or rubber bands to pass thru the hole. Laminated prayer cards can be stapled to clothing, if necessary. Avoid puncturing the paper or card inside the laminate, as fluids will seep in.

• If supply of pouches dwindles, use cotton sheets wrapped around the body. When cotton sheets become unavailable, use large plastic contractor bags, plastic tarps or plastic sheet rolls that painters use as drop cloths. Place a bag at each end of the body and wrap the bags together with duct tape. Place cotton sheet under the body for easier mobility.

1. Place one of two metal ID disks in the mouth of the deceased and attach a second metal disk (with the same ID number, to the ankle of deceased using a zip tie.
2. If using plastic Id tags, write in permanent marker on the tag, on the outside of the pouch and also on the Human Remains Storage Record.
3. Record the ID number on the exterior of the pouch and also on the Human Remains Storage Record.
4. Take photograph of human remains, if using an ID tag, place the id tag (or write on a separate sheet of paper) temporarily near the face of the deceased (below the chin) and photograph to show the name/ID number on the tag or paper. Attach the tag to the deceased and store the photo in deceased’s file.
5. Zip the pouch closed so that the zipper ends at the feet of the deceased to easily access the ID tag/metal disk, attached to the ankle, in the future. This will limit exposure to the upper head, chest and lung region of the remains, if opened at a later date.
6. Record necessary information on the Human Remains Storage Record.

**Personnel Involved**  
Funeral Home staff

**Resources Needed**  
See Resources listed in C-5  
Metal Disks, Zip ties, Plastic Id tags, Clear Laminating Pouch (prayer card sized), Laminator  
Camera, film, batteries  
Pouches, cotton sheets  
Human Remains Storage Record  
Identification/Waiver Forms for family to sign  
Contractor’s bags  
Duct Tape

**Location**  
Each Participating Funeral Home & Temporary Storage Site(s)
Purpose

To resume normal identification procedures and use photographs to identify remains that were held in storage (temporary storage site(s), funeral homes, mass graves) during pandemic.

How to Accomplish

Arrange and meet with next of kin for identification of remains. Due to anticipated time elapse and expected decomposition of remains, show photograph of deceased that was previously taken and have next of kin positively identify remains before proceeding with final disposition.

Access remains at the temporary storage site(s) by unzipping pouch to refer to metal disk attached to ankle of deceased for identification purposes. Cross-check this number with the Human Remains Storage Record of the deceased.

For mass graves (temporary interment) retrieve remains in grids with assistance of cemetery, local and/or state personnel, funeral home and proceed with final disposition.

Discontinue contacting OCME to report deaths, when instructed.

Personnel Involved

Mass Fatality Committee
Funeral Home Staff
Local Health District
Local and/or State Personnel

Resources Needed

Identification Forms & Waivers (pages 20 & 30)
Human Remains Storage Records (page 36) and Photographs
Equipment for accessing and retrieving remains from temporary interments

Location

Cemeteries, parks, fields, etc. used for temporary interments
Temporary Interment Site(s)
Funeral Home
STATEMENT OF IDENTIFICATION AND AUTHORIZATION FOR DISPOSITION

I/We, the undersigned, represent and warrant to and agree with ________________________________ FUNERAL HOME (the Funeral Home) as follows:

1. I/We have positively identified the human remains that were either delivered to the Funeral Home or is under the care of the Funeral Home. I/We identify the human remains as that of:

____________________________________________________________________________________________(the Deceased).
(Full Legal Name of Deceased)

2. I/We have the full legal right and authority, without joinder of any person, to control and authorize the disposition of the human remains of the Deceased.

3. I/We have requested and authorized the Funeral Home to arrange the disposition of the human remains of the Deceased in the following manner:

☐ Grave burial ☐ Entombment ☐ Cremation ☐ Other: ______________________

4. I/We have requested and authorized the manner of disposition indicated above with full knowledge that the Funeral Home, its affiliates, officers, employees, agents, subcontractors, and assignees, will rely solely upon my/our identification of the human remains, that were delivered to, or, is under the care of the Funeral Home, as the body of the Deceased.

5. I/We acknowledge that I/We were given the opportunity to view the Deceased either in person or by means of a photograph, for purposes of identification.

6. PLEASE INITIAL ONE OF THE FOLLOWING TWO STATEMENTS:

_______ I/We elect to identify the human remains of the Deceased in person at the funeral home
_______ I/We give permission to the Funeral Home to photograph the human remains of the Deceased for the purpose of identification.

7. For cremation: I/We understand that cremation is irreversible. Pacemakers, radioactive, silicon, or other implants, mechanical devices or prosthesis may create a hazardous condition when placed in the cremation chamber and subject to heat. As authorizing agent(s), I/We have listed below all devices which may have been implanted in or attached to the deceased and instruct the funeral home to remove each device listed below. Unless indicated, the funeral home is to dispose of all such devices.

Description of devices:________________________________________________________________________________________________

_______Initial here if the deceased does NOT have any implants, or devices listed above.

8. In the event of mistaken identity or incorrect identification of the Deceased, I/We agree to indemnify, release and hold the Funeral Home, its affiliates, officers, employees, agents, subcontractors, and assignees harmless from any and all claims, losses, damages, liabilities, or causes of action arising as a result of a mistaken identity or incorrect identification.

Executed at__________________________________________, this _________day of ______________________________, 20______

Name:_________________________________________________ Signature:______________________________________________
Relationship to Decedent:____________________________ Phone Number:________________________________________
Address:_____________________________________________________________________________________________________________

Name:_________________________________________________ Signature:______________________________________________
Relationship to Decedent:____________________________ Phone Number:________________________________________
Address:_____________________________________________________________________________________________________________

Signature of Funeral Home Representative:_______________________________________________________________________
**Phase 3-D Preparation of Remains**

**Purpose**
Preparation to be conducted as usual, but take the opportunity to inquire with your suppliers about sundries and delivery of supplies during a pandemic.

**How to Accomplish**
- Contact your suppliers and ask them how long it might take to get delivery of items necessary for preparation and/or disinfection of human remains. Ask the suppliers where the country or origin is for manufacturing the products or resources necessary to produce the product. If many supplies or manufacturing plants are from Southeast Asia, for example, consider the ability of that country to produce and export the supplies when they themselves will be greatly affected by a pandemic. If no one comes into work, or there is no electricity, the product doesn’t get produced or shipped.

- Find out the shelf life of the sundries and products necessary and consider purchasing \( \frac{1}{2} \) of an extra order of:
  - Embalming chemicals (arterial, cavity, etc.)
  - Topical agents (syn-gel, powders, etc)
  - Disinfectant sprays
  - Prep towel, cotton rolls
  - Cotton sheets
  - Plastic garments for deceased remains
  - Pouches
  - PPE (personal protective equipment) supplies: gloves, aprons, shoe covers, masks, etc.

**Personnel Involved**
- Funeral Home Staff
- Suppliers

**Resources Needed**
- Phone contact
- Embalming supplies

**Location**
- Each Funeral Home
**Purpose**

To equip funeral homes with staff and supplies to accommodate the expected increase in preparations of human remains that is expected as a result of the increase in local deaths.

**How to Accomplish**

- Embalm and prepare as permitted or practical. Arrange for additional embalmers, or trade embalming to supplement the increase as possible. If outside help is not available, perform embalming until you deem you can no longer do so and prepare human remains by the Public Health Code with topical disinfectants, wrapping or pouching.

- Have closed caskets, tag remains and take photograph for identification purposes.

- If viewing is to be performed, limit the viewing to the immediate family only.

- Don’t count on supplies being available during the next phases and order the remaining half of your excess preparation supplies including:
  - Embalming chemicals (arterial, cavity, etc.)
  - Topical agents (syn-gel, powders, etc)
  - Disinfectant sprays
  - Prep towel, cotton rolls
  - Cotton sheets
  - Plastic garments for deceased remains
  - Pouches
  - PPE (personal protective equipment) supplies: gloves, aprons, shoe covers, masks, etc.

**Personnel Involved**

Funeral Home Staff

Suppliers

**Resources Needed**

Phone contact

Photography of Human Remains

Embalming supplies

**Location**

Each Funeral Home
<table>
<thead>
<tr>
<th>Phase 5-D</th>
<th>Preparation of Remains</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>To perform and limit embalming for human remains intended to be held in funeral home for extended periods of time. Expect that disposition will be delayed due to more paperwork chasing and high volumes of cremations and interments by third parties.</td>
</tr>
</tbody>
</table>
| **How to Accomplish** | • Embalming supplies are expected to become exhausted during this phase. Reserve embalming, not for the purpose of viewing, but rather for holding remains for an extended amount of time (perhaps several weeks or months) in your funeral home. Do not embalm remains of a deceased whose paperwork is in order and can progress to final disposition in a short time. For cases of next of kin out of state, or delays in getting death certificate signed and filed, etc., embalm these remains for storage and to protect the staff and funeral home.  
• Continue with tagging and photographing the deceased for identification purposes. |
| **Personnel Involved** | Funeral Home Staff  
Suppliers |
| **Resources Needed** | Phone contact  
Photography of Human Remains  
Embalming supplies |
| **Location** | Each Funeral Home |

<table>
<thead>
<tr>
<th>Phase 6-D</th>
<th>Preparation of Remains</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>To prepare human remains with topical disinfectants and wraps. Embalming is expected to not be feasible to perform due to enormous numbers of human remains, limited staff, exhausted supplies, etc.</td>
</tr>
</tbody>
</table>
| **How to Accomplish** | • Spray, apply gel or powders to human remains with the proper product and then wrap/pouch according to Public Health Code.  
• If you have any remaining arterial or cavity chemicals left, wrap remains in a cotton sheet and then place in a pouch. Before you close the pouch, pour a bottle (arterial/cavity) evenly over the sheet to create a "pack" and provide a topical application to prohibit decomposition. Since this is an external treatment, there will be no benefits achieved internally.  
• Continue with tagging and photographing the deceased for identification purposes, prior to pouching/wrapping. |
| **Personnel Involved** | Funeral Home Staff |
| **Resources Needed** | Embalming sundries: chemicals, gels, powders, sprays, sheets, pouches  
Photography of Human Remains |
| **Location** | Each Funeral Home |
Purpose
To restore preparation rooms, equipment and supplies involved in preparing remains.

How to Accomplish
- Contact your suppliers to receive new supplies of what is customarily used
- Sterilize or destroy equipment that is rendered unusable.
- Restore preparation areas to their prior condition

Personnel Involved
Funeral Home Staff
Suppliers

Resources Needed
Embalming supplies and equipment

Location
Each Funeral Home

Phase 3-E  Family Contact
Purpose
To become familiar with “Best Practices” to limit the spread of contagious and communicable agents in preparation of the next Phases.

How to Accomplish
1. Refer to the attached lists
2. Use common sense
3. Understand “social distancing” (stay away from confined areas, keep a distance of about 3 feet between person you’re speaking too, etc.)
4. Research the internet and visit sites including the Center for Disease Control (CDC)

Personnel Involved
Funeral Home staff, part time staff, volunteers

Resources Needed
Family Worksheets (pages 29-30)
Best Practices To Limit the Spread of Contagious/Communicable Agents (page 32)
Internet access

Location
Funeral Home
Decedent’s Home
Public Facilities
**Purpose**

To reduce contact and exposure time to decedent’s family, who will pose a significant health risk to the funeral director and staff.

**How to Accomplish**

1. Prepare family emergency packets in preparation for distribution. The recommended contents of the packets may include
   - Family Worksheets (pages 29-30): for the family to complete prior to the arrangement) to collect information necessary to complete the death certificate and possible start an obituary notice.
   - Universal Disposition Authorization Forms (pages 48, 49-50)

Prepare packets for distribution during Phase 5 in the following ways:
   - Deliver worksheets to local hospitals, health care facilities, hospices, alternate care sites, etc.
   - Available to download on business website
   - Available outside funeral home, or in a public location for people to pick-up at their convenience at any hour.

2. Assign one room to be used for arrangements only.
   - Avoid cross-contamination of items (pens, calculators, etc.) from room to room
   - Keep room closed off
   - Keep alcohol based hand sanitizer, tissues and waste receptacle in this room

3. Limit arrangement conference to next of kin and one additional family member.

4. Limit contact with decedent’s family at your discretion

5. Wear N-95 face mask when transferring remains (see B-Removals)

6. Do not wear work clothing or shoes home to your family!

7. Observe the Best Practices!

**Personnel Involved**

Funeral Home staff, part time staff, volunteers

**Resources Needed**

Family Worksheets (page 29-30)
Best Practices To Limit the Spread of Contagious/Communicable Agents (page 32)
Other assorted contracts, permits, authorizations for next of kin to sign

**Location**

Funeral Home

Decedent’s Home (try to avoid for arrangement conference)
Purpose
To reduce contact and exposure time to decedent’s family, who will pose a significant health risk to the funeral director and staff.

How to Accomplish
1. Distribute Family Worksheets (for the family to complete prior to the arrangement) to collect information necessary to complete the death certificate and possible start an obituary notice.
   a. deliver worksheets to local hospitals, health care facilities, hospices, alternate care facilities, etc.
   b. make available to download on business website
   c. make available outside your funeral home, or in a public location for people to pick at their convenience.
2. Assign one room to be used for arrangements only.
   a. avoid cross-contamination of items (pens, calculators, etc.) from room to room
   b. keep room closed off
   c. keep alcohol based hand sanitizer, tissues and waste receptacle in this room
3. Limit arrangement conference to next of kin and one additional family member.
4. Limit contact with decedent’s family at your discretion
5. Wear N-95 face mask when transferring remains (see B-Removals)
6. Do not wear work clothing or shoes home to your family!
7. Observe the Best Practices!

Personnel Involved
Funeral Home staff, part time staff, volunteers

Resources Needed
Family Worksheets (page 29-30)
Best Practices To Limit the Spread of Contagious/Communicable Agents (page 32)
Other assorted contracts, permits, authorizations for next of kin to sign

Location
Funeral Home
Decedent’s Home (preferably, try to avoid for arrangement conference)
**Purpose**
To adjust to the increased volume of arrangements (as a result of the increased numbers of deaths) by further reducing contact and exposure time to decedent’s family, while utilizing the time of the funeral director to perform “batch” arrangements in 20-minute intervals for the completion of the death certificate, crematory and cemetery authorizations. NOTE: Collecting information for obituary notice(s) is non-essential at this time as it would likely increase arrangement time, exposure, and prolong non-essential tasks for the funeral director and staff during a pandemic.

**How to Accomplish**
1. Distribute Family Worksheets (for the family to complete prior to the arrangement) to collect information necessary to complete the death certificate ONLY.
   a. Deliver worksheets to local hospitals, health care facilities, hospices, alternate care facilities, etc. as needed to increase in demand
   b. Continue availability to download on business website
   c. Continue availability to the public by keeping forms outside your funeral home, or in a public location for people to pick at their convenience.
2. Limit arrangement conference to next of kin and one additional family member.
3. Limit contact with decedent’s family to an absolute minimum.
4. Conduct arrangement conferences to around 20 minutes, just enough to get DC info, cremation paperwork, cemetery paperwork signed. Theoretically 3 dispositions could be arranged each hour; (24 in an 8 hour work day)
5. Wear N-95 face mask
6. Do not wear work clothing or shoes home to your family!
7. Continue to observe the Best Practices!

**Personnel Involved**
Funeral Home staff, part-time staff, volunteers

**Resources Needed**
Family Worksheets (page 29-30)
Best Practices To Limit the Spread of Contagious/Communicable Agents (page 32)

**Location**
Funeral Home
Decedent’s Home (Do NOT do arrangements within homes)
### Purpose
To resume unlimited contact to decedent’s family that includes:

- a. Arrangement conferences to schedule funeral services for those remains or cremated remains held at temporary storage site(s), temporary interment sites, or in the funeral home.
- b. Wakes (with open casket)
- c. Traditional funeral services

### How to Accomplish
Contact next of kin of each decedent, to arrange for final disposition and burial rites.

- Have a service contract signed or updated to include final disposition and any services, memorial services, and merchandise that the funeral home will be providing.

### Personnel Involved
Funeral Home staff, part time staff

### Resources Needed
Normal paperwork, files to conduct arrangements and services

### Location
- Funeral Home
- Decedent’s Home
- Churches
- Cemeteries/Crematories
Family Worksheet & Instructions  (page 1 of 2)

PLEASE PRINT and COMPLETE all areas, do not leave any area(s) blank.

This information will be used for the death certificate, which is required for burial or cremation. List any identifying features of the deceased to help with identification and provide a photocopy of the deceased’s driver’s license (preferred), photo ID, or a recent photograph of the deceased. Attach the ID to this form.

RETURN THIS FORM AND ID to the Funeral Home that will be handling the burial/cremation.

Informant’s Name: (person supplying information)
________________________________________________________________________
Relationship: ________________________________________________________________
Home Phone: ________________________________________________________________
Cell Phone: ________________________________________________________________
Work Phone: ________________________________________________________________
e-mail: ________________________________________________________________
Address: ___________________________________________________________________
City: ___________________________________________________________________
State, Zip: __________________________
Date Completed: ____________________ ____________________

Name of Decedent (include AKA’s if any) (First, Middle, Last) Sex
________________________________________________________________________
Where did this person pass away?
☐ At home  ☐ In Convalescent Home  ☐ Other___________
Name of Facility: ________________________________________________
Town/City: __________________________ State: ____________
Zip: ____________ Phone Number: (                   )________________

Age
Date of Death (MM-DD-YEAR) Date of Birth (MM-DD-YEAR)
________________________________________________________________________
Birthplace (City, State or Foreign Country) Citizen of: ☐ USA ☐

Residence (State) Residence (County) Residence (City or Town) Residence (Street and No.)
________________________________________________________________________
Marital Status
☐Married  ☐Married but separated
☐ Widowed  ☐ Divorced
☐ Never Married  ☐ Unknown
Spouse’s Name (if wife, give full name prior to first marriage)
________________________________________________________________________

Father’s Name (First, Middle, Last)
☐ check if deceased
Mother’s Name Prior to First Marriage (First, Middle, Last)
☐ check if deceased

Usual Occupation “Title” ( Do Not list Retired) What Kind of Business or Industry? Social Security Number
________________________________________________________________________
Ever in US Armed Forces? If Veteran, please specify: Branch: __________________________ Rank: __________________________
☐Yes  ☐ No War: ___________________________________________________________________
Number ___________________________________________________________________
Preferred Method of Disposition:
☐ Burial  ☐ Cremation  ☐ Donation  ☐ Entombment
☐ Cremation & burial of cremains  ☐ Other __________________________

For Burial, Name and location of Cemetery
City: __________________________________________ State: ____________
Phone Number of Cemetery (________________________)

Grave/Deed Info.
Section: __________
Plot: __________
Grave #: __________
Monument on grave?
☐Yes  ☐ No
If yes, give name: 
________________________________________________________________________
Education-Check the box that best describes the highest degree or level of school completed at the time of death.
☐ 8th grade or less
☐ 9th - 12th grade, no diploma
☐ High School Graduate/GED
☐ Some college credit, but no degree
☐ Associate degree
☐ Bachelor’s degree
☐ Master’s degree
☐ Doctorate or Professional degree
☐ Unknown
☐ Not available
Of Hispanic Origin?
☐ No, Not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (specify) __________________________
Race
☐ White
☐ Black or African American
☐ Asian Indian
☐ Chinese  ☐ Filipino
☐ Japanese  ☐ Korean
☐ Vietnamese
☐ Other Asian (specify) __________________________
☐ American Indian or Alaska Native name of the enrolled or principal tribe)________________________
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (specify) __________________________
☐ Other (specify) __________________________

Physician’s Name: __________________________ Phone Number: __________________________

Please list any identifying features of the deceased:
Color of Hair: __________ Color of Eyes: ____________ Height: ____________ Weight: ____________
Any of the following? (please list location on body and description, be specific)
Scars
Tattoos
Other:__________________________________________________________
Due to health concerns, please limit the number of those attending the arrangement with the funeral home. The next of kin must be present to authorize any disposition and sign appropriate documents. Every effort will be made to conduct the arrangement as soon as possible. Please be patient. Under the circumstances within the community, delays may be unavoidable. We are working hard to care for you and your loved one.

☐ Arrange a time/date to meet with Funeral Director/Funeral Home
  
  
  Funeral Home: ______________________ Phone #: __________________
  
  Date: ____________________________ Time: _______ am / pm

☐ Provide the Family Worksheet with all areas completed (needed for Death Certificate). Burial and/or cremation cannot occur without the info.

☐ Provide the driver’s license, a photo ID or a recent photo of deceased.

Funeral arrangements and services may be extremely limited due to the current health crisis. Please understand that the only services that may be available, at this time, may include:

1. Immediate Burial of remains
2. Direct Cremation of remains

During the arrangement with the funeral home, the next of kin or custodian of body may be asked to complete any of the following:

- identification form
- embalming authorization (as permissible)
- interment authorization
- crematory authorization & permit
- funeral contract
- other forms required by funeral home

Gatherings at churches, funeral homes or other public places may be temporarily restricted. Your funeral director will inform you of the up-to-date status.

---

### Instructions for Handling Deceased at Home & Identification Tag:

- Complete the Family Worksheet & Information Tag (see below).
- Wear gloves and mask, if available
- Cover face of deceased with pillowcase to help reduce airborne transmission before handling, moving or wrapping body.
- Remove jewelry, personal effects, but leave clothing on. (If the deceased has any medical/surgical equipment attached to them, do not attempt to remove).
- Complete and place the Information Tag (see below) in a Ziploc bag or wrap, then tie to the ankle of the deceased.
- Wrap the body in a cotton bed sheet, dry cleaner bags, or plastic bags with duct / reinforced tape
- Place a second sheet (flat sheet) under the body so that the ends and sides of sheet can be handled for moving the deceased.
- Move the deceased to an in-door room with the coldest temperature or a cold enclosed garage, if possible.
- Contact the appropriate party for removal/transportation.

---

| Name of Deceased: ____________________________ |
| Age: _______ Gender: M F Race: ______________ |
| Date of Death: ____________________________ Approx. Time of Death: _______ am / pm |
| Place of Death: ____________________________ City ____________________ |
| Contact Person Name: ______________________ Phone ____________________ |
| Relationship to Deceased: ____________________ |
# BEST PRACTICES
To Limit the Spread of Contagious/Communicable Agents

<table>
<thead>
<tr>
<th>What You Can Do</th>
<th>How To Do It</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get a seasonal flu shot.</td>
<td>The flu vaccine available for the ordinary flu will not protect you from a pandemic influenza virus. It will protect you from getting seasonal flu, which could weaken your immune system or resistance to a pandemic influenza.</td>
</tr>
<tr>
<td>Help stop the spread of germs.</td>
<td>Ordinary, seasonal flu and a pandemic flu are spread in the same way, mainly by coughing and sneezing. Touching something with flu viruses on it and then touching your mouth, nose, or eyes is a common means of transmission.</td>
</tr>
</tbody>
</table>

a. **Practice hand hygiene**, the best way to prevent the transmission of infection, including influenza:
   - Wash your hands thoroughly and often with soap and warm water.
   - Keep alcohol-based hand sanitizer handy at work, home, and in the car for situations where soap and water aren’t available.
   - **Avoid touching** your eyes, nose, or mouth.
   - **Cover your mouth and nose** with a tissue or the into your upper sleeve when you sneeze or cough. Dispose of the tissue in the garbage, and then **clean your hands** by washing with soap and water or an alcohol-based hand sanitizer.
   - Print and post in your workplace this Cover Your Cough poster (see attached).
   - **Avoid close contact** with people who are sick. Stay home if you are sick.

**Practice good health habits.** To stay healthy during flu season and keep your immune system strong:

a. Get plenty of sleep.
b. Be physically active.
c. Manage your stress.
d. Drink plenty of fluids and eat nutritious food.

**Limit risk to yourself and your family.** People have no immunity to a new influenza virus, so widespread serious illness may disrupt normal social and economic activities. If pandemic influenza arrives in Connecticut, public health officials will consider measures to prevent the virus from spreading, such as temporarily closing schools or discouraging public gatherings. Throughout Connecticut there are 41 health departments and districts serving the 169 towns. Limit risk to yourself and your family if pandemic influenza cases are reported in our county or state:

a. Avoid non-essential travel and large crowds.
b. Follow instructions issued by public health officials.
Safeguard public gatherings. If you sponsor a gathering during a pandemic:

a. **Clean your facility thoroughly** with normal cleaning products, and follow these procedures:
   - Use clean water, detergent, and a strong mechanical action (such as scrubbing).
   - Pay special attention to frequently touched and horizontal surfaces. Horizontal surfaces are important because when we cough or sneeze, large droplets can fall onto them.
   - Follow the manufacturer's instructions if using a disinfectant.

b. **Promote hand hygiene and cough etiquette** (see Stop the spread of germs above).
   - Print, post, or distribute Cover Your Cough poster (see samples below). Download posters from the CDC’s website: www.cdc.gov/flu/protect/covercough.htm

c. **Space individuals at least 3 feet apart** during group gatherings. To accomplish this:
   - Increase the number of gatherings and limit the number of attendees at each event.
   - Use audio/visual technology to broadcast the presentations to other rooms or buildings, allowing your audience to split into smaller groups.

d. **Encourage sick people to stay at home.**
e. **Use technology** (such as the Internet or telephone) to communicate with those who are unable to attend either because they are sick or because they must care for the sick.

---

**Stop the spread of germs that make you and others sick!**

**Cover your Cough**

- Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.

**Clean your Hands**

- Wash hands with soap and warm water or clean with alcohol-based hand cleaners.

---

**Stop the spread of germs that make you and others sick!**

**Cover your Cough**

- Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.

**Clean your Hands**

- Wash with soap and water or clean with alcohol-based hand cleaners.

---
What can I do to Prepare My Business and Staff for Pandemic Flu?

- **Plan for the impact of a pandemic on your business.**
  Identify essential employees and other critical elements required to maintain operations. Determine the potential impact of personnel, supply and distribution disruptions resulting from a pandemic. Establish an emergency communications plan.

- **Test your pandemic flu plan with periodic drills.**
  This is the only way to know if the plans you have in place actually work and if your employees know what to do during an emergency.

- **Plan for the impact of a pandemic on your employees and customers.**
  Forecast and allow for employee absences for personal illness, family member illness, community containment and quarantine measures, school and business closures and public transportation closures. Improve employee access to health care, mental health and social services. Establish ways to limit face-to-face contact among employees and customers.

- **Establish policies to be implemented during a pandemic.**
  Develop sick-leave, return-to-work and travel policies unique to a pandemic. Establish policies on telecommuting and staggered shifts that can help limit person-to-person spread of disease within your workplace. Determine other measures your business can put into place to prevent flu spread at work.

- **Allocate resources to protect your employees and customers during a pandemic.**
  Provide infection-control supplies including hand sanitizer, antibacterial soap, tissues and waste receptacles. Enhance your telecommuting abilities and infrastructure. Establish availability of emergency medical consultation.

- **Communicate to and educate your employees.**
  Provide updated, accurate materials covering basic pandemic flu facts and personal protection and response strategies. Encourage good hand hygiene and coughing/sneezing etiquette. Educate employees about your pandemic flu plan. Provide information on at-home care of ill employees and family members. Develop ways to communicate status and actions to employees, vendors, suppliers and customers.

- **Coordinate with external organizations and help your community.**
  Share plans with insurers and health care providers to understand one another’s plans and capabilities. Collaborate with federal, state and local public health agencies to participate in planning, understand your community's capabilities and offer your business’ services. Exchange best practices with other businesses.

- **The number one thing you can do to prepare for a pandemic is to learn as much as you can and plan ahead of time.**

*(This checklist was adapted from information on www.pandemicflu.gov. Visit the Web site for a complete list.)*
**Purpose**

To determine adequate sites for the temporary storage of human remains during a pandemic or mass fatality event.

**How to Accomplish**

- Tour the community for large warehouses (preferably vacant), cemetery holding vaults, ice skating rinks, airport hangars, etc. Set-up appointments with the people necessary to gain access to the site.

- For sites that seem suitable for use, but permission is not granted to use the site, keep a list and description of these sites with contact phone numbers. The governor may seize property during a declared emergency. This may become critical in phase 6.

- Tour outdoor sites such as cemeteries, fields and large parking areas/garages, in the event that a large Army style tent/temporary shelter could be set-up outdoors (phase 6). Try to arrange for refrigeration to maintain the tent.

When evaluating the sites keep in mind:

- Choose size over refrigeration, air conditioning/cooling units can be installed.
- Select one large site to avoid using multiple smaller sites, as the sites will have to be staffed
- If using ice skating rinks, consider the use of pallets to place remains on, as the volume of the bodies will melt the ice then refreeze the pouch into the ice. Double pouching, or pallets will prevent this, but then the cooling factor will not be as effective due to the remains being several inches off the ice on a pallet.
- What is the square feet of the room(s). How many remains can be placed on the floor?
- Are there any existing racks or tables to place remains on?
- Is the site located in the midst of a residential area or a commercial area?
- Is the entry and interior of the site easily accessible with ramps, elevator or stairs?
- Will it be easy for staff to unload and load remains into the site?
- What is the normal temperature range of the site (install a battery operated thermometer with high & low temperature settings to determine. Perform this during the different seasons)
- Is the site climate controlled? Will air conditioning/cooling devises need to be installed?
- Is there a separate room that can be set-up for office area and processing of remains?
- How many existing telephone lines are hooked up to the site? Any internet access?
- Security, is there an alarm system and/or locks? Has the site been broken into before?
- Electricity: are there adequate lighting and power outlet sources? Is there exterior lighting?
- What will be the future impact of the site if it is used as a temporary storage site?
- Avoid supermarkets, schools, hotels, society meeting sites, etc. These sites will most likely be used for the sick (there will be more sick than dead) and avoid the interruption of food supply during the event.

**Personnel Involved**

Mass Fatality Committee

**Resources Needed**

Physically driving to the sites and evaluating

**Location**

Cemeteries and large Warehouses

Airport hangars

Fields, Garages and large Parking Lots or Parking Garages

Ice skating rinks (not recommended, as pouched remains can melt the ice and then re-freeze the pouched remains onto the ice. Handling the remains after that can result in the pouch tearing. If used, consider placing remains on pallets. Or use the space of the ice rink, but without the ice.)
**Purpose**

To purchase and equip the selected site(s) for the temporary storage of human remains during a pandemic or mass fatality event. It is anticipated that funeral homes will be using their own facilities for storage into this phase, if possible.

**How to Accomplish**

Purchase the materials necessary to equip the site(s)

**Materials for storing human remains at funeral home** (purchased at funeral home’s expense and discretion):
- Place tarps or plastic sheeting on floor of a designated chapel/selection room or garage bays
- Use casket racks (lined with lumber and plastic) to place pouched remains on
- Utilize folding banquet tables to hold average sized remains
- Cover up windows of chapels and garage for privacy and install air conditioning units in windows if possible.
- Install locks on windows, doors in garage. Alarm system preferable
- Purchase contractor’s bags and duct tape in preparation for the reduction in the availability of pouches
- Purchase additional PPE supplies, sprays, chemicals, etc. as these supplies will dwindle quickly due to high demand

**Materials for human remains storage, in the temporary storage site, may include (funding from local/state/federal aid):**
- Air conditioning units and thermometers
- Casket racks, stacking racks
- Lumber to line existing racks, such as casket racks
- Extension cords, surge protectors, as necessary
- Tarps or plastic sheeting on a roll to line the floor or existing racks
- Lifts
- Folding banquet tables to place average sized remains on
- Pallets

**Materials for the processing area of the temporary storage site may include (funding from local/state/federal aid):**
- Human Remains Storage Record (see attached)
- Zip ties to attach metal disks to ankle of remains
- Digital or Polaroid Photography for ID of remains
- Permanent black markers
- Contractor’s bags and heavy tape, (duct tape)
- Garbage bags and receptacles
- Masks (N95 Health Care Particulate Respirator) 4 pkgs of 20+ @ $21.20 per pkg. (80 masks $424)

Lab Safety Supply 800-356-0783 www.lss.com

**Materials for the office area of the temporary storage site may include (funding from local/state/federal aid):**
- Telephones
- 3-ring binder for Human Remains Storage Records
- Filing cabinets and filing folders
- Garbage receptacle, bags
- Desk(s)
- Fax
- Paper towels
- Computer with internet access, printer and scanner, toner
- 3-ring hole puncher
- Typewriter, toner
- Pens, pencils, permanent markers, scissors, stapler, white out
- Photocopy machine
- Surge protectors, extension cords
- Cleaning/disinfectant supplies

**Personnel Involved**

- Mass Fatality Committee, volunteers from local funeral homes to set-up sites
- Utility company(ies) to hook up telephone lines, internet access
- Funding of supplies from local health department, state and/or federal agencies as permissible

**Resources Needed**

See above

**Location**

All items can be purchased from home improvement stores and office supply stores, with the exception of the Human Remains Storage Record, Metal Disks, and lifts.
# HUMAN REMAINS STORAGE RECORD
(To be inserted & remain in LOG BOOK on-site)

<table>
<thead>
<tr>
<th>Section 1</th>
<th>Receiving &amp; Vital Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec. Name:</td>
<td>Last Name ___________________________________________</td>
</tr>
<tr>
<td>Date of Transfer:</td>
<td>Time _________ am or pm</td>
</tr>
<tr>
<td>Transferred FROM:</td>
<td>OHospital (specify)</td>
</tr>
<tr>
<td>Transferred BY:</td>
<td>License # ____________________</td>
</tr>
<tr>
<td>Are Remains Embalmed?</td>
<td>O No O Unknown O Yes, Name of Embalmer</td>
</tr>
<tr>
<td>Condition/Decomposition of Remains</td>
<td>O Slight O Moderate O Advanced Lic# of Embalmer</td>
</tr>
<tr>
<td>Place of Death:</td>
<td>Town ___________________________________</td>
</tr>
<tr>
<td>Date of Death:</td>
<td>OCertain or OPresumptive</td>
</tr>
<tr>
<td>Doctor:</td>
<td>Phone ____________________</td>
</tr>
</tbody>
</table>

## Section 2 | Physical Characteristics
| Height (est): | Weight (est): |
| Sex: | O Male O Female O Unknown |
| Race: | O White O African-American O Hispanic O Asian O Unknown O Other: ____________________ |
| Eyes: | O Blue O Brown O Hazel O Green O Unknown O Blind O Missing R/ L O Glass R/ L |

- Hair Color: O Auburn O Blonde O Brown O Black O Gray O Red O Salt & Pepper O White O Other: ____________________
- Hair Length: O Short O Medium O Long O Shaved O Bald O Balding
- Hair Style: O Straight O Wavy O Curly O Tightly curled O Crew Cut O Balding
- Hair Accessory: O Wig O Toupee O Hair Piece O Hair Transplant
- Facial Hair: O Beard O Beard & Moustache O Moustache O Clean Shaven O Unshaven O Goatee
- Facial Hair Color: O Blonde O Brown O Black O Gray O Red O Salt & Pepper O White
- Facial Hair Style: (describe) __________________________________________

- Finger Nail Type: O Natural O Artificial O Unknown
- Optical: O Glasses (describe) ____________________ O Contacts
- Object in Body: O Pacemaker O Prosthetic Devices O Orthopedic Devices O Other: ____________________
- Prosthetics: _________________________________________
- Scars, Birthmarks, Deformities: _______________________________________

- Surgical Scars: O Head O Neck O Arm R/ L O Leg R/ L O Chest O Upper Abdomen O Lower Abdomen O Foot R or L O Back
- Amputations: ____________________

- Tattoos: _________________________________________
- Other Personal Effects: ____________________

- Clothing (describe item and color): _______________________________________

<table>
<thead>
<tr>
<th>Section 3</th>
<th>Processing, Location &amp; Release to FH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of Remains within Storage Facility: Grid #, row/aisle: ____________________</td>
<td></td>
</tr>
<tr>
<td>Photograph?</td>
<td>O Yes, Digital or Polaroid O No</td>
</tr>
<tr>
<td>ID Number/Tags Attached to:</td>
<td>O Ankle O Wrist</td>
</tr>
<tr>
<td>Entered into Computer?</td>
<td>O Yes, Date ________ O No</td>
</tr>
</tbody>
</table>
| Remains Processed by: (Signature of Storage Site Processor) _______________________________________
| Signature of FH Representative: ____________________ Date Released: ____________________
<p>| These remains are removed for what anticipated disposition? O Cremation O Burial O Other: ____________________ |</p>
<table>
<thead>
<tr>
<th><strong>Phase 5-F Temporary Storage Site</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td>To activate the selected site(s) for the temporary storage of human remains during a pandemic or mass fatality event. (Funeral homes are expected to reach “surge capacity” during this epidemic stage and therefore may utilize a temporary storage site outside from their facility).</td>
</tr>
<tr>
<td><strong>How to Accomplish</strong></td>
</tr>
<tr>
<td>• Mass Fatality Committee to notify local funeral homes that the site is available for use.</td>
</tr>
<tr>
<td>• Create and initiate the 24 hour schedule of the staff who will man the site during the epidemic.</td>
</tr>
<tr>
<td>• Contact security, police or National Guard for security purposes of the site, which must be manned 24 hours.</td>
</tr>
<tr>
<td><strong>Personnel Involved</strong></td>
</tr>
<tr>
<td>Mass Fatality Committee</td>
</tr>
<tr>
<td>Participating staff members from local funeral homes (to staff the site)</td>
</tr>
<tr>
<td>Security officers, Police and/or National Guard</td>
</tr>
<tr>
<td><strong>Resources Needed</strong></td>
</tr>
<tr>
<td>telephone/cell</td>
</tr>
<tr>
<td>24 hour rotation schedule</td>
</tr>
<tr>
<td><strong>Location</strong></td>
</tr>
<tr>
<td>Temporary Storage Site(s)</td>
</tr>
</tbody>
</table>
Purpose
To supplement the storage burden of the selected site(s) for the temporary storage of human remains during a pandemic or mass fatality event.

How to Accomplish
Mass Fatality Committee to notify local health department of storage burden to begin
1. Use of sites that first refused to be used for storage, refer to your notes from Phase 3-F for these sites (assume that the governor has authority to temporarily seize property during a declared emergency)
2. Outdoor storage with large army style tents during colder months
3. Temporary interment using grids (mass organized graves)

Remains selected for temporary interment may include:
- Unembalmed remains
- Unidentified remains & expectation of delay in excess of 10 days from date of death to identify remains
- Advance decomposition of remains
- Incomplete paperwork necessary for final disposition and anticipation of delay in excess of 10 days from date of death to have completed paperwork.
- Family issues: no next of kin, unable to contact next of kin, or uncooperative next of kin, who is necessary for written authorizations to conduct final disposition.

Personnel Involved
Mass Fatality Committee
Local health department officials
National Guard
Cemetery personnel
Police or security agency for security purposes

Resources Needed
- Cemetery equipment for preparing grid mass, temporary interments.
- Large Army style tents for protected storage outdoors (preferably refrigerated tents)
- Contact security, police or National Guard for security purposes of an outdoor tent site, which must be manned 24 hours.
- Cemetery temporary interment may not need to be manned except during operating hours.
- Human remains Storage Record in 3-ring binder for site
- Digital or Polaroid cameras
- Film, batteries and chargers for camera
- Electricity for lighting, and any electric equipment

Location
Cemeteries with available space
Large open fields for Army style tent, preferably climate controlled
Parks, owned by city (preferred)
Large parking areas or parking garages
Avoid sports fields and stadiums if possible
**Purpose**
To restore temporary storage site(s) to their original condition.

**How to Accomplish**
- Destroy or decontaminate equipment associated with the temporary storage site(s)
- Keep any equipment that may be used for future emergencies
- Contact a professional bio-hazard cleaning company such as Absolute Traumaway

**Personnel Involved**
- Mass Fatality Committee
- Bio-hazard Cleaning Company (Absolute Traumaway (860) 628-0706)
- Volunteers from:
  - Local Funeral Homes
  - Cemetery
  - Police, Fireman, National Guard

**Resources Needed**
- Cemetery equipment for digging mass graves in grids.
- Contact the National Guard for large army style tents for protected storage outdoors
- Contact security, police or National Guard for security purposes of an outdoor tent site, which must be manned 24 hours.
- Cemetery temporary interment may not need to be manned except during operating hours.
- Human remains Storage Record in 3-ring binder for site
- Digital or Polaroid cameras
- Film, batteries and chargers for camera
- Electricity for lighting, and any electric equipment

**Location**
- Cemeteries with available space
- Large open fields (use army tents, preferably climatically controlled)
- Parks, owned by city (preferred)
- Large parking areas or parking garages
- Avoid sports fields and stadiums if possible
Phase G-3  Funeral Services/Rites

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Conduct funeral services/rites as usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to Accomplish</td>
<td>Current practices and rituals</td>
</tr>
<tr>
<td>Personnel Involved</td>
<td>Funeral Home staff as normal</td>
</tr>
<tr>
<td>Resources Needed</td>
<td>Normal paperwork, files to conduct arrangements and services</td>
</tr>
<tr>
<td>Location</td>
<td>Usual and customary locations</td>
</tr>
</tbody>
</table>

Phase G-4  Funeral Services/Rites

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Recommended to conduct private services only to limit and reduce the exposure and spread of the communicable agent or virus</th>
</tr>
</thead>
</table>
| How to Accomplish | • Designate one chapel/gathering room for this purpose  
• Talk to local clergy and encourage them to explain and support the decision to alter or even delay customary funeral services, as people often turn to their faith during difficult times for guidance. Clergy working together with the funeral homes can help to promote reassurance and diminish stress/anxiety to the families who suffer a loss during this phase.  
• Utilize the “Best Practices” from Column E-Family Contact during arrangements/services |
| Personnel Involved | Funeral Home staff  
Decedent’s Family  
Clergy |
| Resources Needed | Normal paperwork, files to conduct arrangements and services  
Contact with Clergy |
| Location | Usual and customary locations |
### Phase G-5  Funeral Services/Rites

**Purpose**
Recommended to perform expedited services with family only if at all possible, or, preferable, direct disposition with a delayed memorial or graveside service after the pandemic. Availability of staff is expected to diminish during this phase with an increase of deaths and services.

**How to Accomplish**
- Suggest during arrangements with next of kin to hold memorial service at a later date due to the public health outbreak.
- Designate one chapel/gathering room for services, if conducted.
- Perform “batch” graveside services at designated time increments at the cemetery (every 15 Minutes if permitted.)
- Utilize the “Best Practices” from Column E-Family Contact during arrangements/services.

**Personnel Involved**
- Funeral Home staff
- Decedent’s Family
- Clergy

**Resources Needed**
- Normal paperwork, files to conduct arrangements and services
- Contact with Clergy

**Location**
Usual and customary locations

---

### Phase G-6  Funeral Services/Rites

**Purpose**
Recommended to perform no services during the pandemic. Direct disposition with a delayed memorial or graveside services may be held after the pandemic. Availability of staff is expected to be at it’s lowest during this phase with a severe increase of deaths.

**How to Accomplish**
- Insist during arrangements, with next of kin, to hold memorial service at a later date due to the public health outbreak.
- For remains that have final disposition (burial/entombment), record date and time for family notification when feasible.
- Perform “batch” burials (multiple burials in one session, not the same grave) of cremated remains or remains in their own designated graves, not the grid mass graves for temporary interment.
- Temporarily store cremated remains in a designated area in the funeral home for later retrieval or burial.

**Personnel Involved**
- Funeral Home staff
- Decedent’s Family
- Clergy
- Cemetery

**Resources Needed**
- Normal paperwork, files to conduct arrangements and services
- Contact with Clergy

**Location**
Usual and customary locations
<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>Conduct the delayed memorial and/or graveside services, now that the pandemic has passed.</th>
</tr>
</thead>
</table>
| **How to Accomplish** | • Get in contact with next of kin regarding holding graveside or memorial services  
• Arrange with clergy to have conduct the services  
• Consider hosting a community memorial service at the funeral home or churches (Similar to an annual tree lighting ceremony) and invite the families to the event  
• Normal disposition and services for new deaths. |
| **Personnel Involved** | Funeral Home staff  
Decedent’s Family  
Clergy |
| **Resources Needed** | Normal paperwork, files to conduct arrangements and services  
Contact with Clergy  
Contact with family by telephone and/or mail |
| **Location** | Funeral Home  
Cemeteries  
Churches |
Purpose

To understand the capability, availability and anticipated workload of local cemeteries and crematories that will be necessary in the disposition of human remains, during a mass fatality event and begin to prepare the funeral home for the increase in resources necessary for disposition.

How to Accomplish

Recommend the use of a universal burial or cremation authorization form (pages 48, 49-50) required by cemeteries & crematories, as an option to streamline and simplify the paperwork necessary to carry out the specified mode of disposition, during a mass fatality event.

Contact local cemeteries and crematories and speak to the manager, superintendent or sexton and inquire about:

- Will the cemetery or crematory accept a “universal disposition authorization form” (Pages 48, 49-50) during an epidemic and/or pandemic (Phases 5 & 6) in lieu of their own private authorization form?
- How many graves are available for purchase?
- How much land is available if mass graves become unavoidable?
- Do you maintain your own heavy equipment for digging or does a third party come in?
- What is the name, address and phone number of the third party (if used) who digs?
- How many tents do you have?
- How many functional retorts are in the crematory?
- How many cremations can reasonably be performed in a 24 hour period?
- How many employees are qualified to operate the retort(s)?
- What is the storage capacity of the crematory for remains to be cremated?
- Is there refrigeration, and how many remains can be refrigerated at one time?

Tour sites in your community that may be utilized for mass graves or temporary interment. Look at cemeteries, fields, parks, warehouse property, etc. Any place that has large acreage of land and can easily be designated for this purpose by local or state authorities.

Under the expectation of resources dwindling, order ½ of an excess order of supplies for storage and disposition, especially:

- Pouches (expect a shelf life of 6 months)
- Disaster Pouches
- Alternative Containers
- Caskets will require a larger storage capacity, focus on pouches and alternative containers
- Embalming sundries (liquid chemicals (arterial/cavity), gels, powders, sprays, cotton rolls and sheets)
- ID supplies like plastic bracelets, tags, etc.

Personnel Involved

Funeral Home Staff
Cemetery & Crematory Staff
Funeral Home Supplier

Resources Needed

Contact by phone
Tour cemeteries & crematories

Location

Cemeteries
Crematories
**Phase H-4 Disposition**

**Purpose**
To actively prepare the funeral home for the increase in volume for disposition.

**How to Accomplish**
Train additional staff to know the locations of cemeteries, crematories and local town/city halls (especially the town/city hall in your town of business).

Prepare the human remains according to Public Health Code (embalmed or not embalmed) and have non-licensed staff become familiar with locations of disposition in this phase.

Arrange for additional staff to run death certificates to certifying medical practitioners and file documents to obtain necessary disposition permits.

Dispositions should continue as normal but expect cemeteries and crematories to start to become overwhelmed as the rate of dispositions increases. Unlike you, these third parties will continue to operate under certain hours.

You may begin to suggest to families, immediate dispositions with limited services only, if possible, or memorial services at a later date to reduce the risk of furthering transmission.

Order the remaining ½ of the excess order of supplies for storage and disposition, especially:
- Pouches (expect a shelf life of 6 months)
- Disaster Pouches
- Alternative Containers
- Caskets will require a larger storage capacity; focus on pouches and alternative containers
- Embalming sundries (liquid chemicals (arterial/cavity), gels, powders, sprays, cotton rolls and sheets)
- ID supplies like plastic bracelets, tags, etc.

**Personnel Involved**
- Funeral Home Staff
- Cemeteries & Crematories
- Funeral Home Supplier
- Town/City Clerks (Vital Registrars)

**Resources Needed**
- Contact by phone and in person
- Supply order of goods listed above

**Location**
- Cemeteries
- Crematories
- Town/City Clerks (Vital Registrars)
- Medical Practitioners places of business
Purpose
To facilitate methods of disposition due to the epidemic volume of deaths

How to Accomplish
It is advised and strongly encouraged to recommend to families, immediate disposition only, such as, immediate burial and direct cremation. Recognize religious beliefs and restrictions, as feasible and possible, when arranging disposition.

Have non-licensed staff perform batch filings of death certificates and other paperwork necessary to obtain permits for disposition.

Coordinate with local cemeteries if they would accept the universal disposition authorization form (pages 48, 49-50), in place of their own prescribed form), if the need for such form becomes necessary. Begin to use these forms and distribute them to facilities (hospitals, nursing homes, etc.), have them available outside your funeral home and also to download from your website. This will streamline much of the paperwork process and expedite the occurrence of disposition.

Begin to perform batch transportations of human remains for disposition to cemeteries and crematories. Request to you local health department director or other person who may authorize the utilization of large rental trucks to perform the transportation to disposition sites. We will need government intervention to utilize commercial trucks since truck rental companies will not permit the transferring human remains in their trucks as they deem human remains as bio-hazardous. If local or state government can intervene during an emergency, multiple remains can be transferred to cemeteries, crematories, etc. This will significantly reduce the amount of staff, gasoline and time that would ordinarily be required to perform multiple transfers, since removal vehicles could only transport two human remains at a time (perhaps 3 smaller remains could be transferred if reeves stretchers are used). This will be very important because the shortages of staff, gasoline and other resources will greatly affect disposition.

Rental trucks could hold significantly more human remains per transfer. This would reduce the burden on the temporary sites, funeral homes, hospitals, alternate care facilities and any other facilities where high volumes of deaths are expected.

Personnel Involved
Funeral Home Staff
Cemeteries & Crematories
Truck Rental Companies
Town/City Clerks (Vital Registrars)
Local or state authority (governor, commissioner of public health, local health directors, etc.)

Resources Needed
Rental trucks

Location
Cemeteries
Crematories
Town/City Clerks (Vital Registrars)
<table>
<thead>
<tr>
<th><strong>Phase H-6 Disposition</strong></th>
</tr>
</thead>
</table>

**Purpose**
To perform dispositions during the pandemic in an organized and reasonable way.

**How to Accomplish**
The Department of Public Health may mandate immediate dispositions, especially direct cremations during this time.

Perform Mass Graves (by grids) or temporary interment with permission from DPH or local public health director during the emergency. Coordinate to access sites that were previously selected to use for this purpose.

Make arrangements to set-up large army style tents in cemeteries or sites of temporary interment, to shelter remains prior to interment. Cemeteries will be overwhelmed with burials and a storage site will be necessary to handle the overflow of remains waiting to be buried or placed in organized mass grave grids.

Continue with procedures from Phase 4 to expedite disposition during the pandemic.

**Personnel Involved**
- Funeral Home Staff
- Cemeteries & Crematories
- Truck Rental Companies
- Town/City Clerks (Vital Registrars)
- Local or state authority (governor, commissioner of public health, local health directors, etc.)
- Military personnel, National Guard (for tents or trucks)

**Resources Needed**
- Rental trucks
- Army style tents from local or state government

**Location**
- Cemeteries
- Crematories
- Temporary Storage Site(s)
- Temporary Interment Site(s)
- Town/City Clerks (Vital Registrars)
| **Purpose** | To recover from methods and equipment used for disposition brought on from the pandemic. |
| **How to Accomplish** | Coordinate with families and respective cemeteries to arrange for burial of human remains that were held at temporary storage sites, temporary interment sites, or cremated remains that were stored at funeral home or other facility.  
Contact and arrange for a professional bio-hazardous waste clean up company to clean any rental trucks, vehicles, equipment and storage facilities where human remains were placed.  
Restore temporary interment sites that were utilized during the pandemic  
Return sanitized rental trucks and equipment to companies where the equipment originated from. |
| **Personnel Involved** | Funeral Home Staff  
Cemeteries & Crematories  
Bio-Hazardous clean-up company  
Military or National Guard personnel |
| **Resources Needed** | Contact by phone and in person |
| **Location** | Cemeteries  
Crematories  
Temporary Storage Site(s)  
Sites used for mass graves or temporary interment (parks, fields, etc.) |
Name of Cemetery: _______________________________________
Address: ________________________________________________
City, State Zip Code: ______________________________________
Telephone Number: ________________________________________

AUTHORIZATION FOR PERMISSION TO OPEN GRAVE (Please print) The undersigned authorizes and requests the above named cemetery to inter, entomb or temporarily inter, the human remains of:

Name: ___________________________________________________
Sex: ______________________________________________________
Date of Death: ___________________________ Time of Death: __________ am or pm (circle one)
Who died at (town, state) ____________________________ At the Age of: __________
Date of Birth: _______________________________ Place of Birth (city, state): __________________

AUTHORITY: I, the undersigned, hereby authorize, instruct and apply for permission for the interment of the above mentioned decedent to be buried in the Cemetery, Section, Lot and Grave No. specified above. Furthermore, I, the undersigned, to the best of my knowledge, information and belief state that there is no next of kin who would be opposed to this interment/entombment of the above named decedent.

INDEMNIFY: I will indemnify and I agree to hold harmless and defend the above named Cemetery, any association(s) of the cemetery, and/or any Archdiocese having jurisdiction of the Cemetery, the Cemeteries employees, agents and representatives from all claims, loss, liability and courses of action by third parties including, but not limited to, any and all property damage and/or physical injury involving burial/entombment rights arising from this interment/entombment.

By my signature, I represent and certify that all statements are true and that I have the right to make this authorization.

Signature: ___________________________________________ Relationship to Decedent: ___________________________
Printed Name: ________________________________________ Date Signed: ___________________________
Address: ____________________________________________ City/State/Zip ___________________________

Witness #1 Signature: ____________________________________________
Printed Name: ________________________________________ Date Signed: ___________________________
Address: ____________________________________________ City/State/Zip ___________________________

Funeral Director Signature: ____________________________
Printed Name: ________________________________________ License #: ___________________________
Funeral Home Name: ____________________________________ Phone: ___________________________
Address: ____________________________________________ City/State/Zip ___________________________

Human Remains embalmed (check one)  Yes  No
UNIVERSAL CREMATION AND DISPOSITION AUTHORIZATION

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND OR CREMATORY.

(Print all information except signatures.)

1. IDENTIFICATION OF THE DECEDED

<table>
<thead>
<tr>
<th>Name of Decedent:</th>
<th>Date of Death:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Death:</td>
<td>Sex: M F Age: DOB:</td>
<td>S.S.:</td>
</tr>
</tbody>
</table>

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDED IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

- (Initials) The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.
- OR
- The personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.
- OR
- (Initials) The Authorizing Agent has authorized the Funeral Home to photograph the remains and the Authorizing Agent has positively identified the photograph as that of the Decedent.

2. FUNERAL HOME AND CREMATORY

The Authorizing Agent authorizes the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

<table>
<thead>
<tr>
<th>Name of Funeral Home:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crematory:</td>
<td>Address:</td>
</tr>
</tbody>
</table>

3. IDENTIFICATION OF AUTHORIZING AGENT

<table>
<thead>
<tr>
<th>Name of Authorizing Agent:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone No.:</td>
<td>Relationship:</td>
</tr>
</tbody>
</table>

4. AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following three statements accordingly:

- (Initials) I certify that I do not have actual knowledge of any living person who has a superior right to act as the Authorizing Agent.
- OR
- There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has provided me written permission to serve as Authorizing Agent.
- OR
- There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. I have made all reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to believe that such person(s) would object to the cremation of the Decedent’s remains. Name(s) of Other Persons:

5. PACEMAKERS, IMPLANTS, AND PROSTHESSES

Pacemakers, radioactive, silicon or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed all devices (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent. Description of Devices:

Please initial one of the following statements:

- (Initials) The remains of the Decedent do not contain any of the Devices described in #5 above.
- OR
- As Authorizing Agent, I instruct the Funeral Home to remove each Device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices. The Devices listed are to be removed and returned to the Authorizing Agent:

6. CASKET OR ALTERNATIVE CONTAINER

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process. Casket or Alternative Container Selected (please select one):

- Alternative Container (cardboard) ___________ Fiberboard Casket ___________ Wood Casket ___________ Metal Casket ___________ Other: (specify) ___________

7. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if
not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a standard temporary shipping container provided by Crematory unless specified below:

- Urn selected by Authorizing Agent. Description of urn: __________________________
- __________ As Authorizing Agent, I have read and understand the description of the cremation process contained in # 7 above and authorize the __________ (Initials) cremation, processing and pulverization of the remains of the Decedent. I further authorize the Funeral Home to deliver the Decedent's remains to the Crematory for the purpose of the cremation. The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits without any further notification to the Authorizing Agent.

9. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Crematory and/or Funeral Home to undertake the actions set forth below to arrange the final disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory or Funeral Home utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, the Crematory and/or the Funeral Home shall hold the cremated remains for _______ (_____) days after cremation. If during that _______ (_____) day period the cremated remains are not retrieved by the person designated above to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Crematory or Funeral Home may return the cremated remains to the Authorizing Agent at the address listed in Section #3. In the alternative, if no arrangements for the final disposition of the cremated remains have been made within _______ (_____) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the _______ (_____) day period because of the inaction of a party other than the Crematory or Funeral Home, then the Crematory or Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Crematory or Funeral Home immediately upon receipt of an invoice.

- The Crematory shall deliver the cremated remains of the Decedent to the Funeral Home.
- _______ OR
- _______ (Initials) Hold the cremated remains for pickup by Funeral Home.
- _______ (Initials) OR
- _______ The Funeral Home or, in the event the cremated remains are not returned to the Funeral Home, the Crematory shall deliver the cremated remains of the Decedent for disposition as follows:
- _______ Deliver to cemetery which with arrangements have already been made.
- _______ Deliver or release to:
- _______ Name: ____________________________ Relationship: ____________________________
- _______ Address: ___________________________________________________________________
- _______ Other:

10. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below.

Items to be delivered to Authorizing Agent: ________________________________________________________________

11. CERTIFICATION AND INDEMONIFICATION

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the Authorization.

Executed at __________________________, this _____________ day of ________________________________, ___________.

Signature of Authorizing Agent: _________________________________________________________

Witness: ____________________________________________________________

For Crematory Use Only:

Received for Cremation: Date: ____________________________ Time: ____________________________ By (Initial): ____________________________

Date of Cremation: ____________________________ Time of Cremation: ____________________________ Operator: ____________________________
<table>
<thead>
<tr>
<th>Part I: Person to be Cremated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Resident Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II: Funeral Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Town Where Death Occurred</td>
</tr>
<tr>
<td>Signature (Funeral Director)</td>
</tr>
</tbody>
</table>

**COMPLETE FOR SELF-AUTHORIZED CREMATION ONLY**
- [ ] Notified designated custodian #1 or #2 named in Part IV.
- [ ] Unable to notify designated custodians named in Part IV. List name of other person notified in accordance with Probate law:

<table>
<thead>
<tr>
<th>Part III: Custodian of Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Custodian of Body (Please Print)</td>
</tr>
<tr>
<td>Signature of Custodian</td>
</tr>
<tr>
<td>Resident Address of Custodian</td>
</tr>
</tbody>
</table>

**Part IV: Self-Authorized Cremation**

I am of sound mind and capacity and authorize the cremation of my remains upon my death.

Signature Date Signed

We attest that the individual named above is of sound mind and capacity at the time of this authorization.

Name of Witness #1 (Please Print) | Address of Witness #1

Signature of Witness #1 Date Signed

Name of Witness #2 (Please Print) | Address of Witness #2

Signature of Witness #2 Date Signed

I designate the following individual as custodian of my remains. If the named individual is unable to be contacted at the time of my death, then other persons may be contacted in accordance with Probate Law.

Name of designated custodian #1 | Relationship to person self-authorizing cremation

Resident Address of designated custodian #1 | Custodian #1 Home Telephone No.

Name of designated custodian #2 (Optional) | Relationship to person self-authorizing cremation

Resident Address of designated custodian #2 | Custodian #2 Home Telephone No.

**Part V: Intended Disposition of Cremated Remains**

- ( ) Burial (Specify Location):
- ( ) Entombment (Specify Location):
- ( ) Return to Person responsible for accepting cremated remains:

Name: Address: Tel. #:

- ( ) Other (Specify):

**Part VI: Registrar of Vital Statistics**

A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.

Signature (Registrar of Vital Statistics) | City/Town | Date Signed

**Part VII: Certification by the Crematory**

This is to certify that the remains of the deceased named above was cremated.

Name of Crematory | Signature (Superintendent or person in charge of crematory) | Date Signed

---

CREMATION PERMIT MUST BE RETURNED TO THE REGISTRAR OF VITAL STATISTICS OF THE TOWN WHERE DEATH OCCURRED.

Under C.G.S. §19a-322, 19a-323, & 45a-318 as amended
INSTRUCTIONS FOR COMPLETING CREMATION PERMIT

Part I
Completed by Funeral Director or person self-authorizing cremation.

Part II
Completed and signed by the Funeral Director. The item regarding notification is completed only for self-authorized cremations.

Part III – (Not applicable for Self- Authorized Cremations)
Completed and signed by the custodian of the body. The custodian of the body must be the spouse, if married, or if there is no spouse, then the next of kin or other designated person. (See below for additional information regarding custody of decedent’s remains).

Part IV – (Completed for Self- Authorized cremations only)
If the person completing the self-authorized cremation is married, the person’s spouse must be listed in this part as the designated custodian. If there is no surviving spouse, then the next of kin or other designated person must be listed. (See below for additional information regarding custody of decedent’s remains). A second designated custodian may be listed but is not required.

Part V
Completed by designated custodian or person to be cremated in case of self-authorization.

Part VI
Completed and signed by the issuing Registrar of Vital Statistics.

Part VII
Completed and signed by the person in charge of the crematory.

Please Note: To self-authorize a cremation, complete Parts I and IV only. Parts II, III, V, and VI will be completed at the time of death.

Connecticut General Statute Section 45a-318
Connecticut General Statute §45a-318 is amended to allow a person eighteen years of age or older to execute in advance of his or her death, a cremation authorization. If a self-authorized cremation is executed, it must be completed on this form and attested in writing by two witnesses that the person self-authorizing his or her own cremation is of sound mind and capacity at the time the authorization is executed. The person’s spouse, or if there is no spouse, then the next of kin or other designated person named in Part IV of this form, must be notified within forty-eight hours of the death of such person. The Funeral Director must make reasonable efforts to notify this person. If the person to be notified is unavailable at the time of such person’s death, other persons may be notified in accordance with Probate Law. Parts II, III, V, and VI will be completed by the appropriate parties upon the death of the person who is self-authorizing the cremation.

Sec. 45a-318 stipulates that the custody and control of the remains of deceased residents of this state shall belong to the surviving spouse of the deceased. If the surviving spouse had abandoned, and at the time of death was living apart from the deceased, or if there is no spouse surviving, then such custody and control shall belong to the next of kin, unless the decedent, in a duly acknowledged writing, designated another person to have custody and control of the remains of the decedent.
Suppliers Addresses and Product Information

Absolute Traumaway
(860) 628-0706
Product:
Bio-Hazardous Cleaning Service

Connecticut Funeral Supply
203-393-1530
203-393-1532 (fax and phone)
Product:
Pouches, PPE and various other mortuary supplies

The Dodge Company
800-443-6343
www.dodgeco.com
Product:
Universal I-D Band (stainless steel) , Item #923050 Box of 10 approx. $49.50 (plus tax & freight)

Lamcraft, Inc.
4131 N.E. Port Drive, Lee’s Summit, MO 64064
800 821-1333
www.lamcraft.com
Product:
Clear Laminating Pouch (Prayer Card Size) 2 ¾ x 4 ½ Item #342105 box of 500
Laminating Machine

Matthews International Corp.
2045 Sprint Blvd., Apopka, FL 32703
800-327-2831 Ext. 126 Steven Haas
Product:
Metal Identification Disks (18 ga. stainless steel, to attach to remains)
Minimum of 250 @ .89 ea.; 500-999 @ .79 ea.; 1000+ @ .69 ea.
1 ¼ inch diameter, ¼ hole for attachment, 3 lines of words (16 spaces per line), 1 line for 5 digit #

Monarch Resources
800-242-4231
www.monarchresources.com
Product:
ID Bands (Write-On), Box of 250 (blue, green, red, white & yellow) , approx. $62.50 (plus s+ h)

ID Toe-Tags (Tyvek)
Box of 100 (date, name, FH, Case#, Embalm yes no hold, Retrieval by) approx. $25.00 (plus s+ h)

Note to Funeral Directors:
CFDA does not endorse any particular supplier within this plan. The supplier information provided above is intended to assist mass fatality planners within health districts, who may not have voluntary involvement of local funeral directors in their planning. CFDA has not listed all available suppliers and their products. Please contact the suppliers you currently use for pricing and information of the supplies necessary for your district’s plan. CFDA recommends that if you are involved with the planning of your town/health district mass fatality plan, please utilize and consult with the suppliers you are comfortable and confident with, as similar products may be available elsewhere.
### Connecticut Crematories by Region – 2008

<table>
<thead>
<tr>
<th>Region</th>
<th>Crematory Name</th>
<th>Address</th>
<th>Contact Person Name</th>
<th>Phone Number</th>
<th>Retorts</th>
<th>Operators</th>
<th>Refrigeration, if any, holds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>Mountain Grove Cemetery</td>
<td>2675 North Avenue, Bridgeport, CT 06604</td>
<td>Mr. Armand A. Chevrette</td>
<td>203-336-3579</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Region 1</td>
<td>Lakeview Cemetery</td>
<td>885 Boston Avenue, Bridgeport, CT 06610-4912</td>
<td>Mr. A. Seeley Jennings</td>
<td>203-335-4912</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Region 1</td>
<td>Cognetta Funeral Home</td>
<td>104 Myrtle Avenue, Stamford, CT 06902</td>
<td>Mr. Nicholas F. Cognetta, Jr.</td>
<td>203-348-4949</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Region 2</td>
<td>Fountain Hill Cemetery</td>
<td>186 Main Street, PO Box 263, Deep River, CT 06417</td>
<td>Mr. Shawn Nelson</td>
<td>860-526-4752</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Region 2</td>
<td>Walnut Grove Crematory</td>
<td>817 Old Colony Road, Meriden, CT 06451</td>
<td>Mr. Michael Kroll</td>
<td>203-235-6504</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Region 2</td>
<td>Evergreen Crematory</td>
<td>769 Ella Grasso Blvd., New Haven, CT 06519</td>
<td>Mr. Dale J. Fiore</td>
<td>203-625-5505</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Region 2</td>
<td>River View Crematory</td>
<td>1224 Boston Post Road, Old Saybrook, CT 06475</td>
<td>Ms. Sharon Plunkett</td>
<td>860-388-3500</td>
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<td>Oak Grove Cemetery/Crematory</td>
<td>760 First Avenue, PO Box 425, West Haven, CT 06516</td>
<td>Ms. Celia Pinzi</td>
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<td>Farmington Valley Crematory</td>
<td>120 Albany Turnpike PO Box 411, Canton, CT 06019</td>
<td>Mrs. Mary E Vincent</td>
<td>860-658-7613</td>
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<td>Conn. Valley Crematory</td>
<td>225 Shunpike Road, PO Box 368, Cromwell, CT 06067</td>
<td>Mr. Steven J. Bates</td>
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<td>Leete-Stevens Chapel</td>
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### Totals

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Statewide Totals

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## Connecticut Licensed Funeral Directors/Embalmers/Funeral Homes

*(as provided by CT Dept. of Public Health)*

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<th>Professions</th>
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*NOTE: These figures are approximated as of 1/7/2008*

### Connecticut Funeral Homes by Region - 2008

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<th>DEMHS</th>
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<td>Region 1</td>
<td>JENKINS-KING FUNERAL HOME, INC.</td>
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<td>BEDNAR-OSIECKI FUNERAL HOME, INC.</td>
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<td>DOUGIELLO BROTHERS DBA F. RADOZYCKI &amp; SONS</td>
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<td>FRANK POLKE &amp; SON, INC.</td>
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<td>FRED D. KNAPP &amp; SON FUNERAL HOME</td>
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<td>Milford TradeService, LLC</td>
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<td>330 Notch Hill Road PO Box 767, North Branford, CT 06471</td>
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<td>North Haven Funeral Home, Inc.</td>
<td>36 Washington Avenue, North Haven, CT 06473</td>
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<td>RIVERVIEW FUNERAL HOME INC</td>
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<td>JAMES T TOOHEY &amp; SON</td>
<td>92 HOWE AVE, SHELTON, CT 06484</td>
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<td>B C BAILEY FUNERAL HOME INC</td>
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<td>301 Country Club Road, Avon, CT 06001</td>
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<td>STANLEY E. SUCHODOLSKI FUNERAL HOME, INC.</td>
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<td>DUHAIME FUNERAL HOME</td>
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<td>D'ESOPO EAST HARTFORD MEMORIAL CHAPEL</td>
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<td>SCI Services of CT, Inc., Benjamin J. Callahan Funeral Home</td>
<td>318 Burnside Ave., EAST HARTFORD, CT 06108</td>
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<td>Region 3</td>
<td>SCI CT Funeral Serv., Inc., DBA, Newkirk &amp; Whitney Funeral Directors</td>
<td>318 Burnside Avenue, EAST HARTFORD, CT 06108</td>
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<td>BASSINGER &amp; DOWD FUNERAL HOME</td>
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<td>LEETE-STEVENS ENFIELD CHAPELS</td>
<td>61 SOUTH RD PO BOX 1094, ENFIELD, CT 06083</td>
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<td>43 SHAKER ROAD, ENFIELD, CT 06082</td>
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<td>FARLEY-SULLIVAN FUNERAL HOME, INC.</td>
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<td>SCI CT FUNERAL SERV, INC. Glastonbury Funeral Home</td>
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<td>MULRYAN FUNERAL HOME, INC.</td>
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<td>HAYES-HULING &amp; CARMON FUNERAL HOME</td>
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<td>CLARK BELL AND BELL FUNERAL HOME</td>
<td>319 Barbour Street PO Box 4370, Hartford, CT 06147-4370</td>
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<td>AHERN FUNERAL HOME, INC.</td>
<td>180 FARMINGTON AVE, HARTFORD, CT 06105</td>
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<td>WEINSTEIN MORTUARY, INC.</td>
<td>640 FARMINGTON AVE, HARTFORD, CT 06105</td>
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<td>Region 4</td>
<td>AURORA-MCCARTHY FUNERAL HOME, INC.</td>
<td>PO BOX 173, COLCHESTER, CT 06415-0173</td>
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<td>Region 4</td>
<td>HEBREW FUNERAL ASSOCIATION, INC.</td>
<td>167 OLD HARTFORD RD, COLCHESTER, CT 06415</td>
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<td>HARTFORD TRADE SERVICE</td>
<td>2665 BOSTON TURNPIKE, Coventry, CT 06238</td>
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<td>Coventry-Pietras Funeral Home</td>
<td>2665 Boston Turnpike, Coventry, CT 06238</td>
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<td>GAGNON-COSTELLO, LTD., INC.</td>
<td>33 REYNOLDS ST, DANIELSON, CT 06239</td>
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<td>Tillinghast Funeral Home</td>
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<td>6 Hurlbut Rd., Gales Ferry, CT 06335</td>
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<td>BYLES-MACDOUGALL FUNERAL SERVICE, INC.</td>
<td>310 THAMES ST, GROTON, CT 06340</td>
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<td>30 N MAIN ST, JEWETT CITY, CT 06351</td>
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<td>Home Gagne-Piechowski Funeral</td>
<td>490 Voluntown Rd., JEWETT CITY, CT 06351</td>
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<td>SCI CT Funeral Serv., INC., Church &amp; Allen Funeral Service</td>
<td>Route 32, MONTVILLE, CT 06353</td>
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<td>MYSTIC FUNERAL HOME, INC.</td>
<td>RTE 1 PO BOX 6, MYSTIC, CT 06355</td>
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<td>A. C. Dinoto Funeral Home, Inc. DBA Shea-Williams Fs. Mystic Cremation Svc</td>
<td>17 Pearl Street, MYSTIC, CT 06355</td>
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<td>Mystic Funeral Home, LLC</td>
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<td>LESTER GEE FUNERAL HOME</td>
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<td>IMPELLITTERI-MALIA FUNERAL HOME, INC.</td>
<td>84 MONTAUK AVE, NEW LONDON, CT 06320</td>
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<td>Region 4</td>
<td>THOMAS L. NEILAN &amp; SONS, INC.</td>
<td>12 OCEAN AVE, NEW LONDON, CT 06320</td>
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<td>108 Blinman, New London, CT 06320</td>
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<td>Thomas L Neilan &amp; Sons</td>
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<td>P. O. BOX 53, PLAINFIELD, CT 06374</td>
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<td>SMITH &amp; WALKER FUNERAL HOME Inc.</td>
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<td>ROWE FUNERAL HOME, INC.</td>
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<td>ALDERSON FUNERAL HOMES, INC.</td>
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<td>41 MAIN STREET, SHARON, CT 06069</td>
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<td>MARTIN BERGISNS SONS INC</td>
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<td>Region 5</td>
<td>CASEY/O'DONNELL FAMILY FUNERAL HOME</td>
<td>1581 EAST MAIN ST, WATERBURY, CT 06705</td>
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<td>ALDERSN FUNERAL HOMES INC</td>
<td>70 CENTRAL AVE, WATERBURY, CT 06702</td>
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<td>Alderson Associates D/B/A Mulville Funeral Home</td>
<td>270 WEST MAIN STREET, WATERBURY, CT 06703</td>
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<td>Funeraria Luz Eterna</td>
<td>66 East Clay St., Waterbury, CT 06706</td>
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<td>Petteway Family Funeral Service, LLC</td>
<td>116 East Farms Street, Waterbury, CT 06704</td>
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<td>69 Pearl Street, Waterbury, CT 06701</td>
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<td>195 MAIN ST PO BOX 68, WATERTOWN, CT 06795</td>
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<td>MALONEY FUNERAL HOME INC</td>
<td>PO BOX 1012, WINSTED, CT 06098</td>
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<td>Montano-Shea Funeral Home</td>
<td>922 Main Street, Winsted, CT 06098</td>
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<td>DellaVecchia Funeral Home, Inc.</td>
<td>690 Woodtick Road, WOLCOTT, CT 06716</td>
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<td>Woodrick Memorial Funeral Home</td>
<td>420 Woodtick Road, Wolcott, CT 06716</td>
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<td>Region 5</td>
<td>Woodbury Funeral Home Of MUNSON-LOVETE</td>
<td>MAIN ST S COR SCHOOL ST, WOODBURY, CT 06798</td>
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