

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

**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 through out 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



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..... 53

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

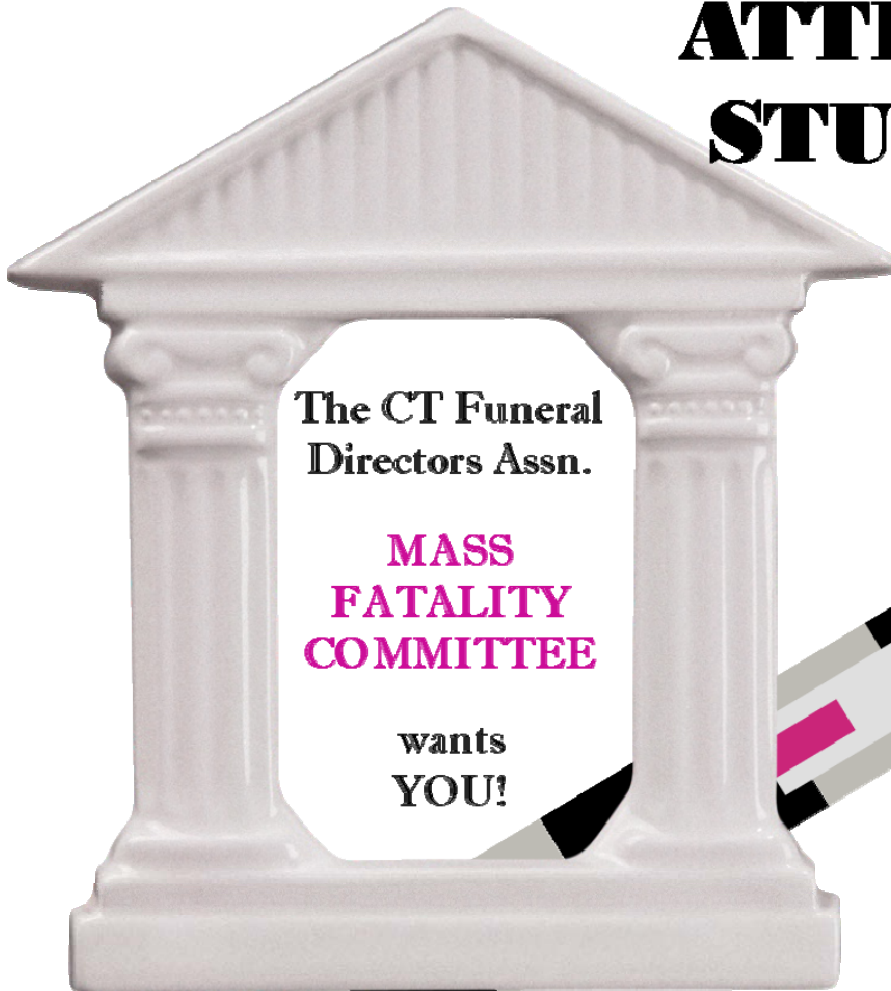
Resources Needed

- 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 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

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

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

Recovery-A Staff Issues

<u>Purpose</u>	To return to normal business and operational procedures of each funeral home with their own staff.
<u>How to Accomplish</u>	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.
<u>Personnel Involved</u>	Mass Fatality Committee Each participating Funeral Home
<u>Resources Needed</u>	Phone contact
<u>Location</u>	Each Funeral Home

«Title» «First_Name» «Last_Name»
«Funeral_Home»
«address»
«city_state_zip»

Date

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.

Date: _____	Time: _____
Place: _____ Health Dept. or District Office (Address)	
Kindly RSVP <u>no later than</u> _____ to _____ (name and phone)	
~ <i>A light lunch will be provided</i> ~	

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

_____ Health Dept. or District
**Emergency Preparedness Response Team
For Mass Fatality Event**

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
Garage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
Equipment (stretches, pouches, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Undecided
Removal Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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
Chapel 2: _____square feet
Chapel 3: _____square feet
Chapel 4: _____square feet
Prep Room _____square feet

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

small	medium	large	very large
small	medium	large	very large
small	medium	large	very large
small	medium	large	very large
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/Stand: _____ 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 climately 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 # _____

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 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)

Recovery-B Removals

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)

Stretchers (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)	<i>The Dodge Company</i>	800-443-6343
www.dodgeco.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)

Human Remains Storage Record: see page 36

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 **laminated 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.dodgeco.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)

Human Remains Storage Record: see page 36

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)

Recovery-C Identification of Remains

<u>Purpose</u>	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.
<u>How to Accomplish</u>	<p>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.</p> <p>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.</p> <p>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.</p> <p>Discontinue contacting OCME to report deaths, when instructed.</p>
<u>Personnel Involved</u>	Mass Fatality Committee Funeral Home Staff Local Health District Local and/or State Personnel
<u>Resources Needed</u>	Identification Forms & Waivers (pages 20 & 30) Human Remains Storage Records (page 36) and Photographs Equipment for accessing and retrieving remains from temporary interments
<u>Location</u>	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: _____

<u>Purpose</u>	Preparation to be conducted as usual, but take the opportunity to inquire with your suppliers about sundries and delivery of supplies during a pandemic.
<u>How to Accomplish</u>	<ul style="list-style-type: none">•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 ½ of an extra order of:<ul style="list-style-type: none">-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.
<u>Personnel Involved</u>	Funeral Home Staff Suppliers
<u>Resources Needed</u>	Phone contact Embalming supplies
<u>Location</u>	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

Phase 5-D Preparation of Remains

<u>Purpose</u>	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.
<u>How to Accomplish</u>	<ul style="list-style-type: none">•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.
<u>Personnel Involved</u>	Funeral Home Staff Suppliers
<u>Resources Needed</u>	Phone contact Photography of Human Remains Embalming supplies
<u>Location</u>	Each Funeral Home

Phase 6-D Preparation of Remains

<u>Purpose</u>	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.
<u>How to Accomplish</u>	<ul style="list-style-type: none">•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.
<u>Personnel Involved</u>	Funeral Home Staff
<u>Resources Needed</u>	Embalming sundries: chemicals, gels, powders, sprays, sheets, pouches Photography of Human Remains
<u>Location</u>	Each Funeral Home

Recovery -D Preparation of Remains

<u>Purpose</u>	To restore preparation rooms, equipment and supplies involved in preparing remains.
<u>How to Accomplish</u>	<ul style="list-style-type: none">•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
<u>Personnel Involved</u>	Funeral Home Staff Suppliers
<u>Resources Needed</u>	Embalming supplies and equipment
<u>Location</u>	Each Funeral Home

Phase 3-E Family Contact

<u>Purpose</u>	To become familiar with “Best Practices” to limit the spread of contagious and communicable agents in preparation of the next Phases.
<u>How to Accomplish</u>	<ol style="list-style-type: none">1. Refer to the attached lists2. Use common sense3. 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)
<u>Personnel Involved</u>	Funeral Home staff, part time staff, volunteers
<u>Resources Needed</u>	Family Worksheets (pages 29-30) Best Practices To Limit the Spread of Contagious/Communicable Agents (page 32) Internet access
<u>Location</u>	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:
 - a. deliver worksheets to local hospitals, health care facilities, hospices, alternate care sites, etc.
 - b. available to download on business website
 - c. 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.
 - 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 (try to avoid for arrangement conference)

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Where did this person pass away? <input type="checkbox"/> At home <input type="checkbox"/> In Convalescent Home <input type="checkbox"/> 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: <input type="checkbox"/> USA <input type="checkbox"/> _____				
Residence (State)	Residence (County)	Residence (City or Town)		Residence (Street and No.)
Apt. No.	Zip Code	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		Spouse's Name (if wife, give full name prior to first marriage)
Father's Name (First, Middle, Last) <input type="checkbox"/> check if deceased			Mother's Name Prior to First Marriage (First, Middle, Last) <input type="checkbox"/> check if deceased	
Usual Occupation "Title" (Do Not list Retired)		What Kind of Business or Industry?		Social Security Number
Ever in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Veteran, please specify: Branch: _____ Rank _____ War: _____ Service _____ Number: _____			Preferred Method of Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation & burial of cremains <input type="checkbox"/> Other _____
For Burial, Name and location of Cemetery City: _____ State: _____				Phone Number of Cemetery () _____
Grave/Deed Info. Section: _____ Plot: _____ Grave #: _____ Monument on grave? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available		Of Hispanic Origin? <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____	
Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> American Indian or Alaska Native (name of the enrolled or principal tribe) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> 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: _____				

Instructions for Arranging Disposition with Funeral Home (page 2 of 2)

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
- interment authorization
- funeral contract
- embalming authorization (as permissible)
- crematory authorization & permit
- 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.

Practice Personal Protective Behavior

- **WASH HANDS** thoroughly and briskly with hot soapy water

- **AVOID PUBLIC** settings & gatherings

- **AVOID CLOSE CONTACT** in public. Be mindful of those around you

- **COUGH & SNEEZE** into your forearm area avoiding your hands

- **AVOID** touching your face

- **CARRY A CLOTH** or handkerchief to cover your mouth and nose

- **USE ANTISEPTIC WIPES** for hands, when washing is not available

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

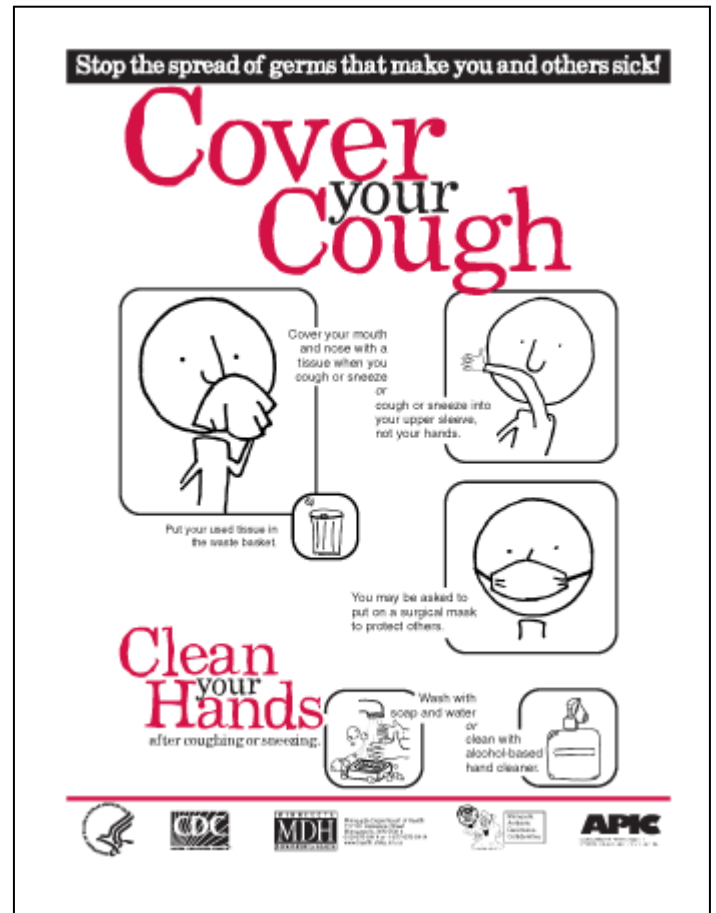
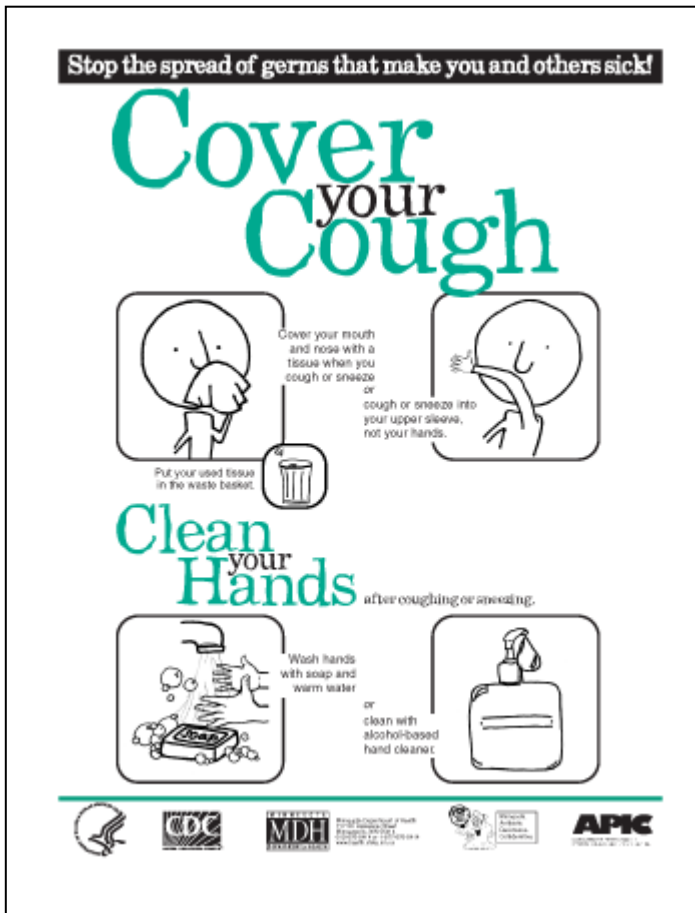
To Limit the Spread of Contagious/Communicable Agents

What You Can Do	How To Do It
Get a seasonal flu shot.	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.
Help stop the spread of germs.	<p>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.</p> <ol style="list-style-type: none"> a. Practice hand hygiene, the best way to prevent the transmission of infection, including influenza: <ul style="list-style-type: none"> ○ 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.	<p>To stay healthy during flu season and keep your immune system strong:</p> <ol style="list-style-type: none"> 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.	<p>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:</p> <ol style="list-style-type: none"> 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:
 - o Use clean water, detergent, and a strong mechanical action (such as scrubbing).
 - o 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.
 - o Follow the manufacturer's instructions if using a disinfectant.
- b. **Promote hand hygiene and cough etiquette** (see [Stop the spread of germs](#) above).
 - o 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:
 - o Increase the number of gatherings and limit the number of attendees at each event.
 - o 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.



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.)

HUMAN REMAINS STORAGE RECORD
(To be inserted & remain in LOG BOOK on-site)

Body Bag/ID Number# _____
OCME #: _____

Storage Facility _____

Section 1
Receiving &
Vital
Information

Dec. Name: _____
Last Name First Name M.I.

DOB _____ Age _____ SS# _____

Date of Transfer _____ Time _____ am or pm

Transferred FROM: Hospital (specify) _____
 Health Care Facility (specify) _____
 Residence (specify) _____
 Other (specify) _____

Transferred BY _____ License # _____

Are Remains Embalmed? No Unknown Yes, Name of Embalmer _____

Condition/Decomposition of Remains Slight Moderate Advanced Lic# of Embalmer _____

Place of Death _____ Town _____

Date of Death _____ Certain or Presumptive

Doctor _____ Phone _____

Section 2
Physical
Character-
istics

Height (est) _____ Weight (est) _____ Age (est) _____

Sex: Male Female Unknown Complexion: Light Medium Dark

Race: White African-American Hispanic Asian Unknown Other: _____

Eyes: Blue Brown Hazel Green Unknown Blind Missing R/ L Glass R/ L

Hair Color: Auburn Blonde Brown Black Gray Red Salt & Pepper White Other _____

Hair Length: Short Medium Long Shaved Bald Balding

Hair Style Straight Wavy Curly Tightly curled Crew Cut Balding

Hair Accessory Wig Toupee Hair Piece Hair Transplant

Facial Hair: Beard Beard & Moustache Moustache Clean Shaven Unshaven Goatee

Facial Hair Color: Blonde Brown Black Gray Red Salt & Pepper White

Facial Hair Style: (describe) _____

Finger Nail Type Natural Artificial Unknown Length Short Medium Long

Characteristics Bites Deformed Dirty Tobacco Stain Decorated Polish Color _____

Optical Glasses (describe) _____ Contacts

Object in Body Pacemaker Prosthetic Devices Orthopedic Devices Other _____

Prosthetics _____

Scars, birthmarks, deformities _____

Surgical Scars Head Neck Arm R/ L Leg R/ L Chest Upper Abdomen

Lower Abdomen Foot R or L Back Amputations _____

Tatoos _____

Other Personal Effects _____

Clothing (describe item and color) _____

Section 3
Processing,
Location &
Release to FH

Location of Remains within Storage Facility (Grid #, row/aisle) _____

Photograph? Yes, Digital or Polaroid No Signed Death Certificate? Yes No

ID Number/Tags Attached to: Ankle Wrist Entered into Computer? Yes, Date _____ No

Remains Processed by (Signature of Storage Site Processor) _____

Remains released to Funeral Home _____ Other _____

Signature of FH Representative _____ Date Released _____

These remains are removed for what anticipated disposition? Cremation Burial Other _____

<u>Purpose</u>	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).
<u>How to Accomplish</u>	<ul style="list-style-type: none">•Mass Fatality Committee to notify local funeral homes that the site is available for use.•Create and initiate the 24 hour schedule of the staff who will man the site during the epidemic.•Contact security, police or National Guard for security purposes of the site, which must be manned 24 hours.
<u>Personnel Involved</u>	Mass Fatality Committee Participating staff members from local funeral homes (to staff the site) Security officers, Police and/or National Guard
<u>Resources Needed</u>	telephone/cell 24 hour rotation schedule
<u>Location</u>	Temporary Storage Site(s)

<u>Purpose</u>	To supplement the storage burden of the selected site(s) for the temporary storage of human remains during a pandemic or mass fatality event.
<u>How to Accomplish</u>	<p>Mass Fatality Committee to notify local health department of storage burden to begin</p> <ol style="list-style-type: none">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 months3. Temporary interment using grids (mass organized graves) <p>Remains selected for temporary interment may include:</p> <ul style="list-style-type: none">•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.
<u>Personnel Involved</u>	Mass Fatality Committee Local health department officials National Guard Cemetery personnel police or security agency for security purposes
<u>Resources Needed</u>	<ul style="list-style-type: none">•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
<u>Location</u>	Cemeteries with available space Large open fields for Army style tent, preferably climately controlled Parks, owned by city (preferred) Large parking areas or parking garages Avoid sports fields and stadiums if possible

<u>Purpose</u>	To restore temporary storage site(s) to their original condition.
<u>How to Accomplish</u>	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 <u>Absolute TraumaWay</u>
<u>Personnel Involved</u>	Mass Fatality Committee Bio-hazard Cleaning Company (Absolute TraumaWay (860) 628-0706) Volunteers from: Local Funeral Homes Cemetery Police, Fireman, National Guard
<u>Resources Needed</u>	<ul style="list-style-type: none">•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
<u>Location</u>	Cemeteries with available space Large open fields (use army tents, preferably climately 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

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

Phase G-4 Funeral Services/Rites

<u>Purpose</u>	Recommended to conduct private services only to limit and reduce the exposure and spread of the communicable agent or virus
<u>How to Accomplish</u>	<ul style="list-style-type: none">•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
<u>Personnel Involved</u>	Funeral Home staff Decedent's Family Clergy
<u>Resources Needed</u>	Normal paperwork, files to conduct arrangements and services Contact with Clergy
<u>Location</u>	Usual and customary locations

Phase G-5 Funeral Services/Rites

<u>Purpose</u>	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.
<u>How to Accomplish</u>	<ul style="list-style-type: none">•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.
<u>Personnel Involved</u>	Funeral Home staff Decedent's Family Clergy
<u>Resources Needed</u>	Normal paperwork, files to conduct arrangements and services Contact with Clergy
<u>Location</u>	Usual and customary locations

Phase G-6 Funeral Services/Rites

<u>Purpose</u>	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.
<u>How to Accomplish</u>	<ul style="list-style-type: none">•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.
<u>Personnel Involved</u>	Funeral Home staff Decedent's Family Clergy Cemetery
<u>Resources Needed</u>	Normal paperwork, files to conduct arrangements and services Contact with Clergy
<u>Location</u>	Usual and customary locations

<u>Purpose</u>	Conduct the delayed memorial and/or graveside services, now that the pandemic has passed.
<u>How to Accomplish</u>	<ul style="list-style-type: none">•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.
<u>Personnel Involved</u>	Funeral Home staff Decedent's Family Clergy
<u>Resources Needed</u>	Normal paperwork, files to conduct arrangements and services Contact with Clergy Contact with family by telephone and/or mail
<u>Location</u>	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

<u>Purpose</u>	To actively prepare the funeral home for the increase in volume for disposition.
<u>How to Accomplish</u>	<p>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).</p> <p>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.</p> <p>Arrange for additional staff to run death certificates to certifying medical practitioners and file documents to obtain necessary disposition permits.</p> <p>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.</p> <p>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.</p> <p>Order the remaining ½ of the excess order of supplies for storage and disposition, especially:</p> <ul style="list-style-type: none">•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.
<u>Personnel Involved</u>	Funeral Home Staff Cemeteries & Crematories Funeral Home Supplier Town/City Clerks (Vital Registrars)
<u>Resources Needed</u>	Contact by phone and in person Supply order of goods listed above
<u>Location</u>	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)

<u>Purpose</u>	To perform dispositions during the pandemic in an organized and reasonable way
<u>How to Accomplish</u>	<p>The Department of Public Health may mandate immediate dispositions, especially direct cremations during this time.</p> <p>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.</p> <p>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</p> <p>Continue with procedures from Phase 4 to expedite disposition during the pandemic</p>
<u>Personnel Involved</u>	<p>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)</p>
<u>Resources Needed</u>	<p>Rental trucks Army style tents from local or state government</p>
<u>Location</u>	<p>Cemeteries Crematories Temporary Storage Site(s) Temporary Interment Site(s) Town/City Clerks (Vital Registrars)</p>

Recovery-H Disposition

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: _____

For Cemetery Use:

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): _____
Section: _____ Lot No.: _____ Grave No.: _____
Date of Burial: _____ Type of Burial: Full Cremated Remains

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: _____ License # _____
Funeral Home Name: _____ Phone: _____
Address: _____ City/State/Zip _____
Human Remains embalmed (check one) Yes No

Cremation Certificate # _____
OCME # _____

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 DECEDENT

Name of Decedent: _____ Date of Death: _____ Time: _____
Place of Death: _____ Sex: M ___ F ___ Age: _____ DOB: _____ S.S.: _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT 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

(Initials) 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 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.

Name of Funeral Home: _____ Address: _____
Crematory: _____ Address: _____

3. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____ Address: _____

Telephone No.: (____) _____ Relationship: _____

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

(Initials) 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

(Initials) 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 PROSTHESES

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

(Initials) 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: _____

8. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE

_____ 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.

(Initials) _____ **OR**

_____ 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 (Initials) 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 INDEMNIFICATION

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: _____ Lic.# if Funeral Director _____

For Crematory Use Only:

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

Date of Cremation: _____ Time of Cremation: _____ Operator: _____

IMPORTANT! READ INSTRUCTIONS ON BACK OF FORM. TYPE OR PRINT LEGIBLY.

Part I: Person to be Cremated	Name		Sex	Date of Birth
	Resident Address			
Part II: Funeral Director	Town Where Death Occurred	Date of Death	Time of Death <input type="checkbox"/> AM <input type="checkbox"/> PM	
	Signature (Funeral Director)	Date Signed	Funeral Home-Name	
	COMPLETE FOR SELF-AUTHORIZED CREMATION ONLY <input type="checkbox"/> Notified designated custodian #1 or #2 named in Part IV. <input type="checkbox"/> Unable to notify designated custodians named in Part IV. List name of other person notified in accordance with Probate law: _____ _____			
Part III: Custodian of Body <i>(Not applicable for self- authorized cremations)</i>	Name of Custodian of Body (Please Print)		Custodian's Tel. # (Include Area Code)	Relationship to Decedent
	Signature of Custodian		Date Signed	
	Resident Address of Custodian			
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	Intended Disposition of Cremated Remains:			
	<input type="checkbox"/> Burial (Specify Location): _____ <input type="checkbox"/> Entombment (Specify Location): _____ <input type="checkbox"/> Return to Person responsible for accepting cremated remains: Name: _____ Address: _____ Tel. #: _____ <input type="checkbox"/> 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.		Date Cremated	Time of Cremation <input type="checkbox"/> AM <input type="checkbox"/> PM
	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

DEMHS Region	Crematory Name Address	Contact Person Name Phone Number	Retorts	Crematory Operators	Refrigeration, if any, holds
<i>Region 1</i>	Mountain Grove Cemetery 2675 North Avenue, Bridgeport, CT 06604	Mr. Armand A. Chevrette 203-336-3579	3	2	0
<i>Region 1</i>	Lakeview Cemetery 885 Boston Avenue, Bridgeport, CT 06610-4912	Mr. A. Seeley Jennings 203-335-4912	3	3	3
<i>Region 1</i>	Cognetta Funeral Home 104 Myrtle Avenue, Stamford, CT 06902	Mr. Nicholas F. Cognetta, Jr. 203-348-4949	2	2	3
<i>Region 2</i>	Fountain Hill Cemetery 186 Main Street, PO Box 263, Deep River, CT 06417	Mr. Shawn Nelson 860-526-4752	2	2	0
<i>Region 2</i>	Walnut Grove Crematory 817 Old Colony Road, Meriden, CT 06451	Mr. Michael Kroll 203-235-6504	2	2	3
<i>Region 2</i>	Evergreen Crematory 769 Ella Grasso Blvd., New Haven, CT 06519	Mr. Dale J. Fiore 203-625-5505	3	4	0
<i>Region 2</i>	River View Crematory 1224 Boston Post Road, Old Saybrook, CT 06475	Ms. Sharon Plunkett 860-388-3500	2	2	0
<i>Region 2</i>	Oak Grove Cemetery/Crematory 760 First Avenue, PO Box 425, West Haven, CT 06516	Ms. Celia Pinzi 203-934-6050	2	1	18
<i>Region 3</i>	Farmington Valley Crematory 120 Albany Turnpike PO Box 411, Canton, CT 06019	Mrs. Mary E Vincent 860-658-7613	1	3	3
<i>Region 3</i>	Conn. Valley Crematory 225 Shunpike Road, PO Box 368, Cromwell, CT 06067	Mr. Steven J. Bates 860-529-2597	2	3	4
<i>Region 3</i>	River Bend Crematory 623 Main Street, East Hartford, CT	Mr. Kevin Riley 860-559-7728	2	7	7
<i>Region 3</i>	Leete-Stevens Chapel 61 South Road, PO Box 1094, Enfield, CT 06083	Mr. Richard K. Stevens 860-749-2244	1	3	3
<i>Region 3</i>	Cedar Hill Cemetery 453 Fairfield Avenue, Hartford, CT 06114	Mr. Neil E. Dickey 860-956-3311	3	3	8
<i>Region 3</i>	Brookside Crematory, LLC 453 Christian Lane, Kensington, CT 06037	Ms. Holly Peterson 860-356-0035	1	5	8
<i>Region 3</i>	Carmon Funeral Home Mt. Laurel Crematory 807 Bloomfield Avenue, Windsor, CT 06095	Mr. John C. Carmon 860-688-2200	2	6	6
<i>Region 4</i>	Maplewood Cemetery 184 Salem Turnpike, Norwich, CT 06360	Mr. Chris J. Lavorato 860-887-2623	2	4	3
<i>Region 4</i>	Charter Crematory Services 21 Industrial Drive, Waterford, CT 06385	Mr. Jordan A. Welles 860-439-1391	2	3	3
<i>Region 5</i>	Charter Oak Cemetery/Crematory 333 Christian Street, Oxford, CT 06478	Mr. John S. Zemruski, Jr. 203-264-1234	2	3	2
<i>Region 5</i>	Pine Grove Cemetery/Crematory 850 Meriden Road, Waterbury, CT 06705	Mr. Craig Fleming 203-753-0776	4	5	16

Totals	Crematories	Retorts	Operators	Refrig.
Region 1	3	8	7	6
Region 2	5	11	11	21
Region 3	7	12	30	39
Region 4	2	4	7	6
Region 5	2	6	8	18
Statewide Totals	19	41	63	90

Connecticut Licensed Funeral Directors/Embalmers/Funeral Homes
(as provided by CT Dept. of Public Health)

<u>Professions</u>	<u>Residing in CT</u>	<u>Residing in CT and other States</u>
Embalmers	731	859
Funeral Directors	64	69
Funeral Homes	306	307

NOTE: These figures are approximated as of 1/7/2008

CONNECTICUT FUNERAL HOMES BY REGION - 2008

DEMHS	Name of Funeral Home	Address of Funeral Home
Region 1	JENKINS-KING FUNERAL HOME, INC.	12 FRANKLIN ST, ANSONIA, CT 06401
Region 1	BEDNAR-OSIECKI FUNERAL HOME, INC.	87 SOUTH CLIFF ST, ANSONIA, CT 06401
Region 1	BENNETT FUNERAL HOME, INC.	91 N CLIFF ST, ANSONIA, CT 06401
Region 1	Spinelli-Malerba-Ricciuti Funeral Home	62 Beaver St., Ansonia, CT 06401
Region 1	Wakelee Memorial Funeral Home	167 Wakelee Ave., Ansonia, CT 06401
Region 1	COMMERCE HILL FUNERAL HOME	4798 MAIN ST, BRIDGEPORT, CT 06606
Region 1	LARSON FUNERAL HOME, INC.	2496 NORTH AVE, BRIDGEPORT, CT 06604
Region 1	LESTER GEE FUNERAL HOME	1390 FAIRFIELD AVE, BRIDGEPORT, CT 06605
Region 1	FUNERARIA LUZ DE PAZ, LLC.	426 EAST WASHINGTON AVE., Bridgeport, CT 06610-5371
Region 1	CHARLES DOUGIELLO & SONS FUNERAL HOME	798 PARK AVE, BRIDGEPORT, CT 06604
Region 1	DOUGIELLO BROTHERS DBA F. RADOZYCKI & SONS	305 Puluski Street, BRIDGEPORT, CT 06608
Region 1	BAKER-ISAAC FUNERAL SERVICE, INC.	985 STRATFORD AVE, BRIDGEPORT, CT 06607
Region 1	CYRIL F. MULLINS	1640 BOSTON AVE, BRIDGEPORT, CT 06610
Region 1	ABRIOLA & KELEMEN FUNERAL HOME	2160 MAIN ST, BRIDGEPORT, CT 06606
Region 1	MORTON'S MORTUARY, INC.	25 MARGARET E MORTON LA, BRIDGEPORT, CT 06607
Region 1	PARENTE-LAURO FUNERAL HOME, INC.	559 WASHINGTON AVE, BRIDGEPORT, CT 06604
Region 1	GEORGE J. PETERSON FUNERAL HOME, INC.	1041 NOBLE AVE, BRIDGEPORT, CT 06608
Region 1	RODRIGUEZ FUNERAL SERVICE	426 East Washington Ave., Bridgeport, CT 06608
Region 1	EDWARD LAWRENCE FUNERAL HOME, INC.	2119 POST ROAD, DARIEN, CT 06820
Region 1	SHAUGHNESSEY-BANKS FUNERAL HOME, LLC	50 REEF RD, FAIRFIELD, CT 06430
Region 1	LESKO FUNERAL HOME	1209 POST ROAD, FAIRFIELD, CT 06430
Region 1	A. L. GREEN & SON FUNERAL HOME	88 BEACH ROAD, FAIRFIELD, CT 06430
Region 1	Spear-Miller Funeral Home, LLC	39 South Benson Road, Fairfield, CT 06824
Region 1	Lesko & Polke Funeral Home, LLC	1209 Post Rd., Fairfield, CT 06824
Region 1	Fairfield Funeral Home of Edmund W. Dougiello	36 South Pine Creek Rd., Fairfield, CT 06824
Region 1	A County Cremation Service	36 South Pine Creek Rd., Fairfield, CT 06824
Region 1	FRANK POLKE & SON, INC.	1209 Post Rd., Fairfield, CT 06824
Region 1	Daystar Cremation Service	39 South Benson Road, Fairfield, CT 06824
Region 1	BOUTON FUNERAL HOME, INC.	P.O. Box 147 West Church Street, Georgetown, CT 06829
Region 1	SCI CT Funeral Services Inc., DBA, Leo Gallagher & Son	31 Arch Street, Greenwich, CT 06830-6512
Region 1	CASTIGLIONE FUNERAL HOME, INC.	134 HAMILTON AVE, GREENWICH, CT 06830
Region 1	FRED D. KNAPP & SON FUNERAL HOME	267 Greenwich Avenue, Greenwich, CT 06830
Region 1	Spadaccino Community Funeral Home	315 Monroe Turnpike, Monroe, CT 06468
Region 1	FRANKLIN HOYT FUNERAL HOME, INC.	199 MAIN ST PO BOX 116, NEW CANAAN, CT 06840
Region 1	COLLINS FUNERAL HOMES, INC.	92 EAST AVE, NORWALK, CT 06851
Region 1	DOWNER FUNERAL HOME, INC.	75 EAST AVE, NORWALK, CT 06851
Region 1	MAGNER FUNERAL HOME, INC.	12 MOTT AVE, NORWALK, CT 06850
Region 1	BAKER FUNERAL SERVICES, INC.	84 SOUTH MAIN STREET, NORWALK, CT 06578
Region 1	Southern Connecticut Funeral Service	5 East Wall Street, Norwalk, CT 06851
Region 1	RAYMOND COMMUNITY FUNERAL HOME	5 East Wall Street, Norwalk, CT 06851
Region 1	CASINELLI & VITTI FUNERALHOME	9 PULASKI STREET, STAMFORD, CT 06902
Region 1	SCI CT Funeral Services Inc. DBA Bosak-Talboys Funeral Home	2900 SUMMER STREET, STAMFORD, CT 06905
Region 1	DOWNER FURNERAL HOME INC	31 STILLWATER AVE, STAMFORD, CT 06902

Region 1	NICHOLAS F COGNETTA FUNERAL HOME & CREMATORY,INC	104 MYRTLE AVE, STAMFORD, CT 06902
Region 1	LACERENZA FUNERAL HOME INC	8 SCHUYLER AVE, STAMFORD, CT 06902
Region 1	BOSAK FUNERAL HOME, LLC.	8 Schuyler Ave., STAMFORD, CT 06902
Region 1	SCI CT Funeral Services Inc DBA Bouton & Reynolds Funeral Home	2900 SUMMER STREET, STAMFORD, CT 06905
Region 1	SCI CT Funeral Services Inc., DBA, Leo Gallagher & Son	2900 SUMMER STREET, STAMFORD, CT 06905-4304
Region 1	WOJCIECHOWSKI FUNERAL HOME	9 PULASKI ST, STAMFORD, CT 06902
Region 1	AMBASSADOR FUNERAL HOME INC	9 Pulaski Circle, STAMFORD, CT 06902
Region 1	Baker Funeral Services	8 Pulaski St., Stamford, CT 06902
Region 1	PISTEY FUNERAL HOME	2155 MAIN ST, STRATFORD, CT 06615
Region 1	ADZIMA FUNERAL HOME INC	50 PARADISE GRN PL, STRATFORD, CT 06614
Region 1	GALELLO-LUCHANSKY FUNERAL HOME	2220 Main St., STRATFORD, CT 06615
Region 1	WILLIAM R MCDONALD FUNERAL HOME INC	2591 MAIN ST, STRATFORD, CT 06615
Region 1	Abriola & Kelemen Trade Service, LLC	2611 Main Street, Stratford, CT 06615
Region 1	Dennis & D'Arcy Funeral Home, LLC	2611 Main St., Stratford, CT 06615
Region 1	Abriola & Kelemen Funeral Home of Stratford	2611 Main St., Stratford, CT 06615
Region 1	CYRIL F MULLINS	399 WHITE PLAINS RD, TRUMBULL, CT 06611
Region 1	REDGATE-HENNESSY FUNERALHOME	4 GORHAM PLACE, TRUMBULL, CT 06611
Region 1	BRACKEN-DONOVAN-SPONICK FUNERAL HOME	26 INTERVALE ROAD, TRUMBULL, CT 06611
Region 1	Abriola Parkview Funeral Home, LLC	419 White Plains Rd., Trumbull, CT 06611
Region 1	HARDING FUNERAL HOME	210 POST ROAD EAST, WESTPORT, CT 06881
Region 2	W. S. CLANCY MEMORIAL FUNERAL HOME, INC.	504 MAIN ST, BRANFORD, CT 06405
Region 2	Robinson Wright & Weymer Funeral Home, Inc.	34 Main St. P.O. Box 105, Centerbrook, CT 06409
Region 2	ALDERSON ASSOCIATES, INC., DBA Slater Funeral Home	242 South Main Street, CHESHIRE, CT 06410
Region 2	ALDERSON FUNERAL HOMES, INC.	242 South Main Street, CHESHIRE, CT 06410
Region 2	SCI CT FUNERAL SERV, INC., DBA Swan Funeral Home	80 East Main Street, CLINTON, CT 06413
Region 2	SCI CT FUNERAL SERV, INC., DBA Swan Funeral Home	211 Main Street, DEEP RIVER, CT 06417
Region 2	EDWARD F. ADZIMA FUNERAL HOME	253 ELIZABETH ST, DERBY, CT 06418
Region 2	PORTO FUNERAL HOME	234 FOXON ROAD, EAST HAVEN, CT 06513
Region 2	W. S. CLANCY FUNERAL HOME	43 KIRKHAM AVE, EAST HAVEN, CT 06512
Region 2	EAST HAVEN MEMORIAL FUNERAL HOME	425 MAIN ST, EAST HAVEN, CT 06512
Region 2	Curtis - Sisk Funeral Home	43 Kirkham Ave., East Haven, CT 06512
Region 2	GUILFORD FUNERAL HOME, INC.	115 CHURCH ST, GUILFORD, CT 06437
Region 2	HAWLEY LINCOLN MEMORIAL OF GUILFORD	1315 BOSTON POST RD, GUILFORD, CT 06437
Region 2	FRANK M. BEISLER, JR FUNERAL HOME, INC.	1300 DIXWELL AVE PO BOX 4437, HAMDEN, CT 06514
Region 2	SISK BROTHERS, INC.	3105 WHITNEY AVE, HAMDEN, CT 06518
Region 2	PETER H. TORELLO & SON, INC.	1022 DIXWELL AVE, HAMDEN, CT 06514
Region 2	BEECHER & BENNETT, INC.	2300 WHITNEY AVE, HAMDEN, CT 06518
Region 2	Hamden Memorial Funeral Home	1300 Dixwell Ave., Hamden, CT 06514
Region 2	SCI CT FUNERAL SERV, INC., DBA, Swan Funeral Home	825 Boston Post Road, MADISON, CT 06443
Region 2	SZYMASZEK-TAYLOR FUNERALHOME, LLC	189 EAST MAIN STREET, MERIDEN, CT 06450
Region 2	STEMPIEN FUNERAL HOME, INC.	450 BROAD ST, MERIDEN, CT 06450
Region 2	SMITH-RUZZO FUNERAL HOME, INC.	450 BROAD ST., MERIDEN, CT 06450
Region 2	ALBERT FLATOW & SON, INC.	48 COOK AVE, MERIDEN, CT 06450
Region 2	JOHN J FERRY & SONS, INC.	88 E MAIN ST, MERIDEN, CT 06450
Region 2	Mid-State Trade Service, LLC	189 East Main Street, Meriden, CT 06450
Region 2	GREGORY F. DOYLE FUNERAL HOME	291 BRIDGEPORT AVE, MILFORD, CT 06460
Region 2	GEORGE J. SMITH & SON, INC.	135 BROAD ST, MILFORD, CT 06460
Region 2	Carriage Services Of Ct., D/B/A As Cody-White	107 Broad Street, Milford, CT 06460
Region 2	ROBERT E. SHURE FUNERAL HOME, INC.	543 GEORGE ST, NEW HAVEN, CT 06511
Region 2	CURVIN K. COUNCIL FUNERAL HOME, INC.	128 DWIGHT ST, NEW HAVEN, CT 06511
Region 2	NEW HAVEN FUNERAL SERVICE, LLC	1368 STATE ST, NEW HAVEN, CT 06511
Region 2	CONNETICUT CREMATION SERVICE, LLC	1368 STATE STREET, NEW HAVEN, CT 06511
Region 2	LUPOLI BROTHERS, INC.	576 CHAPEL ST, NEW HAVEN, CT 06511
Region 2	WELLER FUNERAL HOME	493 WHITNEY AVENUE, NEW HAVEN, CT 06511
Region 2	J. MARKIEWICZ & SONS, INC.	14 TRUMBULL ST, NEW HAVEN, CT 06511
Region 2	HAWLEY W. LINCOLN, INC.	493 WHITNEY AVE, NEW HAVEN, CT 06511
Region 2	MARESCA & SONS, INC.	592 CHAPEL ST, NEW HAVEN, CT 06511
Region 2	D'ONOFRIO FUNERAL HOME, INC.	11 WOOSTER PLACE, NEW HAVEN, CT 06511

Region 2	LUPINSKI FUNERAL HOME	821 STATE ST, NEW HAVEN, CT 06511
Region 2	Monahan Cox, Smith & Crimmins	11 Wooster Place, NEW HAVEN, CT 06511
Region 2	CELENTANO, INC.	424 ELM ST, NEW HAVEN, CT 06511
Region 2	IOVANNE FUNERAL HOME	11 WOOSTER PL, NEW HAVEN, CT 06511
Region 2	Howard K. Hill Funeral Service, LLC	1287 Chapel St., New Haven, CT 06511
Region 2	Milford TradeService, LLC	576 Chapel St., New Haven, CT 06511
Region 2	PENDER FUNERAL SERVICE	95 Dixwell Avenue, New Haven, CT 06511
Region 2	Keyes Funeral Home	59 Dixwell Ave., New Haven, CT 06511
Region 2	McClam Funeral Home, LLC	95 Dixwell Avenue, New Haven, CT 06511
Region 2	Keenan Funeral Home, Inc.	330 Notch Hill Road PO Box 767, North Branford, CT 06471
Region 2	North Haven Funeral Home, Inc.	36 Washington Avenue, North Haven, CT 06473
Region 2	Washington Memorial Funeral Home	4 WASHINGTON AVENUE, NORTH HAVEN, CT 06473
Region 2	SCI CT FUNERAL SERV, INC., DBA, Swan Funeral Home	1224 Boston Post Road, OLD SAYBROOK, CT 06475
Region 2	Miller-Ward Funeral Home	260 BANK ST, SEYMOUR, CT 06483
Region 2	ANTHONY V. CHEPULIS FUNERAL HOME	47 WASHINGTON AVE, SEYMOUR, CT 06483
Region 2	RALPH E HULL FUNERAL HOME INC	161 W CHURCH ST, SEYMOUR, CT 06483
Region 2	DIGNITY CREMATION SERVICES	161 WEST CHURCH ST, SEYMOUR, CT 06483
Region 2	RIVERVIEW FUNERAL HOME INC	390 RIVER RD, SHELTON, CT 06484
Region 2	JAMES T TOOHEY & SON	92 HOWE AVE, SHELTON, CT 06484
Region 2	B C BAILEY FUNERAL HOME INC	273 S ELM ST, WALLINGFORD, CT 06492
Region 2	WALLINGFORD FUNERAL HOME	809 NO MAIN ST EXT, WALLINGFORD, CT 06492
Region 2	Service Wallingford Cremation, LLC	273 South Elm St., Wallingford, CT 06492
Region 2	PORTO FUNERAL HOME	830 JONES HILL RD., WEST HAVEN, CT 06516
Region 2	Beecher & Bennett/ Taylor Funeral Home	410 CAMPBELL AVE, WEST HAVEN, CT 06516
Region 2	OAK GROVE CREMATION SERV	662 SAVIN AVENUE, WEST HAVEN, CT 06516
Region 2	WEST HAVEN FUNERAL HOME INC	662 SAVIN AVE, WEST HAVEN, CT 06516
Region 2	KEENAN FUNERAL HOME INC	238 ELM ST, WEST HAVEN, CT 06516
Region 2	YALESVILLE FUNERAL HOME	386 MAIN ST, YALESVILLE, CT 06492
Region 3	Carmon Community Funeral Home	301 Country Club Road, Avon, CT 06001
Region 3	HENRY L. FUQUA FUNERAL SERVICE	94 GRANBY STREET, BLOOMFIELD, CT 06002
Region 3	DUNN FUNERAL HOME	191 WEST ST, BRISTOL, CT 06010
Region 3	STANLEY E. SUCHODOLSKI FUNERAL HOME, INC.	444 WEST ST, BRISTOL, CT 06010
Region 3	DUHAIME FUNERAL HOME	35 BELLEVUE AVENUE, BRISTOL, CT 06010
Region 3	FIRST CALL CREMATION SERVICES	25 BELLEVUE AVENUE, BRISTOL, CT 06010
Region 3	DUPONT FUNERAL HOME, INC.	25 BELLEVUE AVE, BRISTOL, CT 06010
Region 3	O'BRIEN FUNERAL HOME, INC.	24 LINCOLN AVENUE, BRISTOL, CT 06010
Region 3	FUNK FUNERAL HOME	35 BELLEVUE AVENUE, BRISTOL, CT 06010
Region 3	VINCENT FUNERAL HOME	120 ALBANY TNPk P.O. Box 411, CANTON, CT 06019
Region 3	CROMWELL FUNERAL HOME	506 MAIN ST, CROMWELL, CT 06416
Region 3	Spencer Funeral Home, Inc.	112 Main St., East Hampton, CT 06424
Region 3	D'ESOPO EAST HARTFORD MEMORIAL CHAPEL	30 CARTER STREET, EAST HARTFORD, CT 06118
Region 3	SCI Services of CT, Inc., Benjamin J. Callahan Funeral Home	318 Burnside Ave., EAST HARTFORD, CT 06108
Region 3	SCI CT Funeral Serv., Inc., DBA, Newkirk & Whitney Funeral Directors	318 Burnside Avenue, EAST HARTFORD, CT 06108
Region 3	BASSINGER & DOWD FUNERAL HOME	37 GARDNER ST PO BOX 355, East Windsor, CT 06088
Region 3	LEETE-STEVENSON ENFIELD CHAPELS	61 SOUTH RD PO BOX 1094, ENFIELD, CT 06083
Region 3	BROWNE MEMORIAL FUNERAL CHAPELS	43 SHAKER ROAD, ENFIELD, CT 06082
Region 3	FARLEY-SULLIVAN FUNERAL HOME, INC.	50 NAUBUC AVE, GLASTONBURY, CT 06033
Region 3	SCI CT FUNERAL SERV, INC. Glastonbury Funeral Home	450 New London Tpk, GLASTONBURY, CT 06033
Region 3	MULRYAN FUNERAL HOME, INC.	725 HEBRON AVE., GLASTONBURY, CT 06033
Region 3	HAYES-HULING & CARMON FUNERAL HOME	364 SALMON BROOK ST, GRANBY, CT 06035
Region 3	CLARK BELL AND BELL FUNERAL HOME	319 Barbour Street PO Box 4370, Hartford, CT 06147-4370
Region 3	WASZKELEWICZ FUNERAL HOME	43 WETHERSFIELD AVE, HARTFORD, CT 06114
Region 3	SOUTH GREEN MEMORIAL HOME, INC.	43 WETHERSFIELD AVE, HARTFORD, CT 06114
Region 3	TALARSKI FUNERAL HOME	380 MAPLE AVE, HARTFORD, CT 06114
Region 3	MAPLE HILL CHAPELS	382 MAPLE AVE, HARTFORD, CT 06114
Region 3	De Leon Funeral Home	104 Main Street, HARTFORD, CT 06106
Region 3	AHERN FUNERAL HOME, INC.	180 FARMINGTON AVE, HARTFORD, CT 06105
Region 3	WEINSTEIN MORTUARY, INC.	640 FARMINGTON AVE, HARTFORD, CT 06105

Region 3	PORTERS FUNERAL SERVICE, INC.	111 CHAMBERLAIN HWY, KENSINGTON, CT 06037
Region 3	Berlin Memorial Funeral Home, DBA Francid Funeral Home	96 Main Street, KENSINGTON, CT 06037
Region 3	HOLMES FUNERAL HOME, INC.	400 MAIN ST, MANCHESTER, CT 06040
Region 3	JOHN F. TIERNEY FUNERAL HOME, INC.	219 W CENTER ST, MANCHESTER, CT 06040
Region 3	WATKINS FUNERAL HOME	142 E CENTER ST, MANCHESTER, CT 06040
Region 3	COUGHIN LASTRINA FUNERAL HOME	491 HIGH ST, MIDDLETOWN, CT 06457
Region 3	BIEGA FUNERAL HOME, INC.	3 SILVER ST PO BOX 11, MIDDLETOWN, CT 06457
Region 3	DOOLITTLE FUNERAL SERVICE, INC.	14 OLD CHURCH ST, MIDDLETOWN, CT 06457
Region 3	D'ANGELO FUNERAL HOME, INC.	22 SOUTH MAIN ST, MIDDLETOWN, CT 06457
Region 3	SCI CT FUNERAL SERV, INC., DBA, SWAN FUNERAL HOME	27 W. F. PALMER ROAD, MOODUS, CT 06469
Region 3	JOHNSON FUNERAL HOME, INC.	125 GLEN ST. PO BOX 3245, NEW BRITAIN, CT 06051
Region 3	FARRELL FUNERAL HOME, INC.	110 FRANKLIN SQ, NEW BRITAIN, CT 06051
Region 3	SORBO FUNERAL HOME, INC.	26 UNION ST, NEW BRITAIN, CT 06051
Region 3	VENSKUNAS FUNERAL HOME	670 STANLEY ST PO BOX 1612, New Britain, CT 06050
Region 3	Erickson-Hanson Funeral Home, Inc.	411 SOUTH MAIN ST, NEW BRITAIN, CT 06051
Region 3	PAUL A. SHAKER-FARMINGDALE FUNERAL HOME	764 FARMINGTON AVE, NEW BRITAIN, CT 06053
Region 3	HARTFORD COUNTY DIRECT CREMATION & BURIAL SOCIETY	764 Farmington Avenue, NEW BRITAIN, CT 06053
Region 3	A. W. CARLSON CO., INC.	45 FRANKLIN SQ, NEW BRITAIN, CT 06051
Region 3	SCI CT Funeral Serv., Inc., DBA New Britain Memorial Donald D. Sagarino Funeral Home	444 Farmington Avenue, New Britain, CT 06053
Region 3	M.J. KENNEY, CO.	205 S MAIN ST, NEW BRITAIN, CT 06051
Region 3	BURRITT HILL FUNERAL HOME	332 BURRITT ST, NEW BRITAIN, CT 06053
Region 3	NEWINGTON MEMORIAL FUNERAL HOME	20 BONAIR AVE, NEWINGTON, CT 06111
Region 3	FISETTE-BATZNER FUNERAL HOME, INC.	20 Bonair Ave., Newington, CT 06111
Region 3	BAILEY FUNERAL HOME	PO BOX 158, PLAINVILLE, CT 06062
Region 3	PLANTSVILLE MEMORIAL FUNERAL HOME, INC.	975 S MAIN ST, PLANTSVILLE, CT 06479
Region 3	SOUTHINGTON CREMATION SERVICE	975 S MAIN ST, PLANTSVILLE, CT 06479
Region 3	CARMON-POQUONOCK FUNERAL HOME	1816 Poquonock Ave, Poquonock, CT 06064
Region 3	PORTLAND MEMORIAL FUNERAL HOME	231 MAIN ST, PORTLAND, CT 06480
Region 3	BURKE-FORTIN FUNERAL HOME, INC.	76 PROSPECT ST, ROCKVILLE, CT 06066
Region 3	Small and Pietras Funeral Home	65 ELM STREET, Rockville, CT 06066
Region 3	CT DIRECT BURIAL & CREMATION SOCIETY, INC.	580 ELM ST, ROCKY HILL, CT 06067
Region 3	BROOKLAWN FUNERAL HOME	511 BROOK ST, ROCKY HILL, CT 06067
Region 3	ROSE HILL FUNERAL HOMES, INC.	580 ELM ST, ROCKY HILL, CT 06067
Region 3	ABBAY FUNERAL HOME AND CREMATION SERVICES	511 BROOK STREET, ROCKY HILL, CT 06067
Region 3	VINCENT FUNERAL HOME	880 Hopmeadow St, PO Box 335, Simsbury, CT 06070
Region 3	Somers Funeral Home	354 Main St. PO Box 370, SOMERS, CT 06071
Region 3	Carmon Funeral Homes Inc. DBA/ Samse; & Carmon Funeral Home	419 Buckland Road, South Windsor, CT 06074
Region 3	DELLAVECCHIA FUNERAL HOME	211 N MAIN ST, SOUTHINGTON, CT 06489
Region 3	INTROVIGNE FUNERAL HOME INC	51 East Main Str., Stafford Springs, CT 06076
Region 3	TOCCHETTI FUNERAL HOME	132 West Main St. PO BOX 124, Stafford Springs, CT 06076
Region 3	NICHOLSON & CARMON FUNERAL HOME	443 EAST ST N, SUFFIELD, CT 06078
Region 3	BURKE-FORTIN FUNERAL HOME INC	375 Merrow Road PO BOX 867, Tolland, CT 06084
Region 3	HANGEN AHERN FUNERAL HOME INC	111 MAIN ST, UNIONVILLE, CT 06085
Region 3	Ladd Funeral Home	19 Ellington Ave., Vernon, CT 06066
Region 3	Ladd-Turkington& Carmon Funeral Home	551 Talcoitville Rd., Vernon, CT 06066
Region 3	SHEEHAN HILBORN BREEN FUNERAL HOME INC	1084 New Britain Ave, West Hartford, CT 06110
Region 3	MOLLOY FUNERAL HOME INC	906 Farmington Ave, West Hartford, CT 06119
Region 3	Taylor & Modeen Realty Company	136 S MAIN ST, WEST HARTFORD, CT 06107
Region 3	Hebrew Funeral Assoc, Inc.	906 Farmington Avenue, West Hartford, CT 06119
Region 3	HERITAGE FUNERAL HOME	1240 Mountain Rd, West Suffield, CT 06093
Region 3	D'ESOPPO FUNERAL CHAPEL INC	277 Folly Brook Blvd., Wethersfield, CT 06109
Region 3	FARLEY-SULLIVAN FUNERALHOMES INC	34 BEAVER ROAD, WETHERSFIELD, CT 06109
Region 3	JAMES T PRATT CO INC	277 FOLLY BROOK BLV, WETHERSFIELD, CT 06109
Region 3	DILLON-BAXTER	1276 BERLIN TPKE, WETHERSFIELD, CT 06109
Region 3	CARMON FUNERAL HOMES INC	807 Bloomfield Ave, PO BOX 6, Windsor, CT 06095
Region 3	WINDSOR LOCKS FUNERAL HOME	441 SPRING ST, WINDSOR LOCKS, CT 06096
Region 4	Tillinghast Funeral Home, LLC	25 Main St., Central Village, CT 06332
Region 4	BELMONT FUNERAL HOME	144 S MAIN ST, COLCHESTER, CT 06415

Region 4	AURORA-MCCARTHY FUNERAL HOME, INC.	PO BOX 173, COLCHESTER, CT 06415-0173
Region 4	HEBREW FUNERAL ASSOCIATION, INC.	167 OLD HARTFORD RD, COLCHESTER, CT 06415
Region 4	HARTFORD TRADE SERVICE	2665 BOSTON TURNPIKE, Coventry, CT 06238
Region 4	Coventry-Pietras Funeral Home	2665 Boston Turnpike, Coventry, CT 06238
Region 4	GAGNON-COSTELLO, LTD., INC.	33 REYNOLDS ST, DANIELSON, CT 06239
Region 4	Tillinghast Funeral Home	433 Main St., Danielson, CT 06233
Region 4	National Cremation Service	6 Hurlbutt Rd., Gales Ferry, CT 06335
Region 4	BYLES-MACDOUGALL FUNERAL SERVICE, INC.	310 THAMES ST, GROTON, CT 06340
Region 4	JEWETT CITY FUNERAL HOME	30 N MAIN ST, JEWETT CITY, CT 06351
Region 4	Home Gagne-Piechowski Funeral	490 Voluntown Rd., JEWETT CITY, CT 06351
Region 4	SCI CT Funeral Serv. INC., Church & Allen Funeral Service	Route 32, MONTVILLE, CT 06353
Region 4	MYSTIC FUNERAL HOME, INC.	RTE 1 PO BOX 6, MYSTIC, CT 06355
Region 4	A. C. Dinoto Funeral Home, Inc. DBA Shea-Williams F.S. Mystic Cremation Svc	17 Pearl Street, MYSTIC, CT 06355
Region 4	Mystic Funeral Home, LLC	51 Williams Avenue Route 1, Mystic, CT 06355
Region 4	LESTER GEE FUNERAL HOME	108 BLINMAN ST, NEW LONDON, CT 06320
Region 4	IMPELLITTERI-MALIA FUNERAL HOME, INC.	84 MONTAUK AVE, NEW LONDON, CT 06320
Region 4	THOMAS L. NEILAN & SONS, INC.	12 OCEAN AVE, NEW LONDON, CT 06320
Region 4	BYLES-MACDOUGALL FUNERALSERVICE	99 HUNTINGTON ST, NEW LONDON, CT 06320
Region 4	SCI CT Funeral Serv., Inc., DBA, Fulton-Theroux Funeral Service	181 Ocean Avenue, NEW LONDON, CT 06320
Region 4	LEWIS L R FUNERAL HOME	108 Blinman, New London, CT 06320
Region 4	SCI CT Funeral Serv, Inc. DBA, Fulton-Theroux Funeral Service	13 Lake Avenue, Niantic, CT 06357
Region 4	Thomas L Neilan & Sons	48 GRAND ST, Niantic, CT 06357
Region 4	Valade Funeral Home	23 Main St., North Grosvenordale, CT 06255
Region 4	WOYASZ & SON FUNERAL SERVICE, INC.	141 Central Ave, Norwich, CT 06360
Region 4	SCI CT Funeral Serv, Inc., DBA, Church and Allen Funeral Service	136 Sachem Street, Norwich, CT 06360
Region 4	Gagne Funeral Home, Inc., DBA Cummings Gagne Funeral Home	82 Cliff Street, Norwich, CT 06360
Region 4	LABENSKI FUNERAL HOME, LLC	107 Boswell Avenue, Norwich, CT 06360
Region 4	SCI CT Funeral Serv., Inc., Church & Allen Funeral Home	136 SACHEM STREET, Norwich, CT 06360
Region 4	SCI CT Funeral Serv, Inc. DBA, Fulton-Theroux Funeral Service	13 Beckwith Lane P.O. Box 207, OLD LYME, CT 06371
Region 4	DOUGHERTY BROTHERS	P. O. BOX 53, PLAINFIELD, CT 06374
Region 4	SMITH & WALKER FUNERAL HOME Inc.	148 GROVE ST, PUTNAM, CT 06260
Region 4	Gilman Funeral Home	104 Church St., Putnam, CT 06260
Region 4	GUILLOT FUNERAL HOME	75 SO B ST, TAFTVILLE, CT 06380
Region 4	GODERE FUNERAL HOME INC	21 N Second Ave, PO BOX 43, Taftville, CT 06380-0043
Region 4	POTTER FUNERAL HOME	456 JACKSON ST, WILLIMANTIC, CT 06226
Region 4	Bacon Funeral Home	71 PROSPECT ST, WILLIMANTIC, CT 06226
Region 5	HULL FUNERAL SERVICE	215 GREENWOOD AVE, BETHEL, CT 06801
Region 5	BROOKFIELD FUNERAL HOME	786 FEDERAL RD PO BOX 155, BROOKFIELD, CT 06804
Region 5	NEWKIRK-PALMER FUNERAL HOME, INC.	118 MAIN ST PO BOX 815, CANAAN, CT 06018
Region 5	JOWDY-KANE FUNERAL HOME	9-11 GRANVILLE AVE, DANBURY, CT 06810
Region 5	CORNELL MEMORIAL HOME	247 WHITE ST BOX 841, DANBURY, CT 06813
Region 5	HULL FUNERAL SERVICE	60 DIVISION ST, DANBURY, CT 06810
Region 5	Green Funeral Home	57 Main Street, Danbury, CT 06810
Region 5	Cremation Services of Western Connecticut	55 Main St., Danbury, CT 06810
Region 5	ROWE FUNERAL HOME, INC.	P.O. BOX 486, LITCHFIELD, CT 06759
Region 5	NUTTING-ROWE FUNERAL HOME, INC.	283 Torrington Rd. P.O. Box 486, Litchfield, CT 06759
Region 5	ALDERSON FUNERAL HOMES, INC.	201 MEADOW ST, NAUGATUCK, CT 06770
Region 5	BUCKMILLER BROTHERS FUNERAL HOMES, INC.	82 FAIRVIEW AVE PO BOX 553, NAUGATUCK, CT 06770
Region 5	Fitzgerald- Zembruski	240 N MAIN ST, NAUGATUCK, CT 06770
Region 5	MONTANO-SHEA FUNERAL HOME	5 Steele Road, New Hartford, CT 06057
Region 5	LILLIS FUNERAL HOME	58 BRIDGE ST BOX 959, NEW MILFORD, CT 06776
Region 5	HULL FUNERAL SERVICE	87 PARK LA RD BOX 276, NEW MILFORD, CT 06776
Region 5	HONAN FUNERAL HOME	58 MAIN ST, NEWTOWN, CT 06470
Region 5	Honan Funeral Home	58 Main St., Newtown, CT 06470
Region 5	KENNY FUNERAL HOME	PO BOX 561 MAPLE AVE, NORFOLK, CT 06058
Region 5	Casey Family Funeral Services, Llc O'Neil Funeral Home	742 Main Street, Oakville, CT 06779
Region 5	BUCKMILLER BROTHERS FUNERAL HOMES, INC.	WTBY-Prospect Road RE 69, Prospect, CT 06712
Region 5	KANE FUNERAL HOME	25 CATOONAH ST PO BOX 459, RIDGEFIELD, CT 06877

Region 5	KENNY FUNERAL HOME & MONUMENTAL SERVICE INC.	41 MAIN STREET, SHARON, CT 06069
Region 5	Southbury Funeral Home Of MUNSON-LOVETERE	MAIN ST NORTH, SOUTHBURY, CT 06488
Region 5	Carpino Funeral Home Southbury Memorial Funeral Home Inc.	750 MAIN STREET S, SOUTHBURY, CT 06488
Region 5	SCOTT FUNERAL HOME INC	169 MAIN ST, TERRYVILLE, CT 06786
Region 5	LYONS FUNERAL HOME	46 HIGH STREET, THOMASTON, CT 06787
Region 5	PHALEN FUNERAL HOME	285 MIGEON AVENUE, TORRINGTON, CT 06790
Region 5	GLEESON MORTUARY	258 PROSPECT ST BOX 206, TORRINGTON, CT 06790
Region 5	LaPorta Funeral Home, Inc	82 Litchfield St., Torrington, CT 06790
Region 5	Chase Parkway Memorial The Albin Family Funeral Home	430 CHASE PARKWAY, WATERBURY, CT 06708
Region 5	SNYDER FUNERAL HOME	114 WILLOW ST, WATERBURY, CT 06710
Region 5	DELINIKS-CONWAY FUNERAL HOME	1136 HAMILTON AVE, WATERBURY, CT 06706
Region 5	MAIORANO FUNERAL HOME INC	95 WILLOW ST, WATERBURY, CT 06710
Region 5	MARTIN BERGINS SONS INC	290 EAST MAIN STREET, WATERBURY, CT 06702
Region 5	COLASANTO FUNERAL HOME INC	932 BANK ST, WATERBURY, CT 06708
Region 5	STOKES FUNERAL HOME INC	932 Bank St., WATERBURY, CT 06708
Region 5	Fitzgerald- Zembruski	122 E FARM ST, WATERBURY, CT 06704
Region 5	Kelly-Brennan Funeral Home Llc.	61 SOUTH ST, WATERBURY, CT 06706
Region 5	CHAPEL MEMORIAL FUNERAL HOME INC	37 GROVE ST, WATERBURY, CT 06710
Region 5	HILLSIDE MEMORIAL FUNERALHOME	116 East Farm St., WATERBURY, CT 06704
Region 5	MURPHY FUNERAL HOME INC	115 WILLOW ST, WATERBURY, CT 06710
Region 5	CASEY/O'DONNELL FAMILY FUNERAL HOME	1581 EAST MAIN ST, WATERBURY, CT 06705
Region 5	ALDERSON FUNERAL HOMES INC	70 CENTRAL AVE, WATERBURY, CT 06702
Region 5	Alderson Associates D/B/A Mulville Funeral Home	270 WEST MAIN STREET, WATERBURY, CT 06703
Region 5	Funeraria Luz Eterna	66 East Clay St., Waterbury, CT 06706
Region 5	Petteway Family Funeral Service, LLC	116 East Farms Street, Waterbury, CT 06704
Region 5	Keyes Funeral Home	69 Pearl Street, Waterbury, CT 06701
Region 5	HICKCOX FUNERAL HOME INC	195 MAIN ST PO BOX 68, WATERTOWN, CT 06795
Region 5	MALONEY FUNERAL HOME INC	PO BOX 1012, WINSTED, CT 06098
Region 5	Montano-Shea Funeral Home	922 Main Street, Winsted, CT 06098
Region 5	DellaVecchia Funeral Home, Inc.	690 Woodtick Road, WOLCOTT, CT 06716
Region 5	Woodtick Memorial Funeral Home	420 Woodtick Road, Wolcott, CT 06716
Region 5	Woodbury Funeral Home Of MUNSON-LOVETERE	MAIN ST S COR SCHOOL ST, WOODBURY, CT 06798