

Cemetery ID 18-\_\_\_\_\_

EIN # \_\_\_\_\_

*Diocese of Allentown*

**CEMETERY BUDGET**

{Long Form for Active Cemetery}

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*Cemetery Name -- Location*

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*Name of Parish / Parish Location that Manages Cemetery*

July 1, 2026 – June 30, 2027

*DIOCESE OF ALLENTOWN*  
**CEMETERY BUDGET REPORT**  
*LONG FORM – ACTIVE CEMETERY*

ID 18- \_\_\_\_\_

*In completing your Active Cemetery Budget, kindly follow these instructions as indicated.*

1. Prepare the Budget with the assistance of the Finance Council/Committee.
2. The written permission from the Bishop is necessary:
  - a) To borrow any funds;
  - b) To spend more than Six Thousand Dollars (\$6,000) for any specific project or purchase; and/or,
  - c) To lease any item longer than 48 months and/or total lease payment exceeding Ten-Thousand Dollars (\$10,000).
3. Record information as follows in the columns marked:

**Actual, Budget, and Budget**

- **Actual** - for Previous Fiscal Year
- **Budget** - for Current Fiscal Year
- **Budget** - for Next Fiscal Year

4. Submit the signed original Budget forms to Support Services c/o Temporal Services by **June 15<sup>th</sup>** prior to the start of the fiscal year (July 1<sup>st</sup>) as follows:
  - **Mailing Address:**  
Support Services Department  
Diocese of Allentown  
1515 Martin Luther King, Jr. Drive  
P. O. Box F  
Allentown, PA 18105-1538
  - **Fax:** Support Services @ 610-871-5211
  - **E-mail:** Leslie Shirock – [LShirock@allentowndiocese.org](mailto:LShirock@allentowndiocese.org)
5. Retain one copy on file in the Cemetery/Parish office.

DIOCESE of ALLENTOWN  
CEMETERY FINANCIAL  
\_\_\_\_\_ Cemetery

EIN # \_\_\_\_\_

ID # \_\_\_\_ - \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**RECOMMENDATIONS**

We, the undersigned members of the Finance Council / Committee of \_\_\_\_\_  
Parish Cemetery, in conjunction with the Financial Department of the Cemetery, attest that this Financial Report has been  
properly prepared for the upcoming fiscal year.

\_\_\_\_\_  
Pastor

\_\_\_\_\_  
Finance Council Member

\_\_\_\_\_  
Accountant / Bookkeeper

\_\_\_\_\_  
Finance Council Member

\_\_\_\_\_  
Finance Council Member

\_\_\_\_\_  
Finance Council Member

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Finance Council Member

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Finance Council Member

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Finance Council Member

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Finance Council Member

\_\_\_\_\_  
Finance Council Member

\_\_\_\_\_  
Finance Council Member

DIOCESE OF ALLENTOWN  
CEMETERY BUDGET  
\_\_\_\_\_CEMETERY

**Summary of Projected Operating Income and Expenses**

| <b><u>Income</u></b>                  |                 | <b><u>Expenses</u></b> |                 |
|---------------------------------------|-----------------|------------------------|-----------------|
| Regular                               | \$ _____        | Administration         | \$ _____        |
| Endowed Care                          | \$ _____        | Endowed Care           | \$ _____        |
|                                       |                 | Maintenance            | \$ _____        |
|                                       |                 | Special/Fixed Charges  | \$ _____        |
| <b>Total</b>                          | <b>\$ _____</b> | <b>Total</b>           | <b>\$ _____</b> |
| <b>Income</b>                         |                 | <b>\$ _____</b>        |                 |
| <b>Expenses</b>                       |                 | <b>\$ _____</b>        |                 |
| <b>Excess of Income over Expenses</b> |                 | <b>\$ _____</b>        |                 |

**Capital Expenditures and Reduction of Liabilities**

| <b><u>Capital Expenditures</u></b> |                 | <b><u>Liabilities</u></b> |                 |
|------------------------------------|-----------------|---------------------------|-----------------|
| <u>Description</u>                 | <u>Amount</u>   | <u>Description</u>        | <u>Amount</u>   |
| _____                              | \$ _____        | _____                     | \$ _____        |
| _____                              | \$ _____        | _____                     | \$ _____        |
| _____                              | \$ _____        | _____                     | \$ _____        |
| _____                              | \$ _____        | _____                     | \$ _____        |
| _____                              | \$ _____        | _____                     | \$ _____        |
| _____                              | \$ _____        | _____                     | \$ _____        |
| <b>Total</b>                       | <b>\$ _____</b> | <b>Total</b>              | <b>\$ _____</b> |

[In completing the description columns for Capital Expenditures and Liabilities, include the Account Number, e.g., "New Mower (1611)."]

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**Sources for Financing of Capital Expenditures and Reduction of Liabilities**

**A.**

1. Total Capital Expenditures \$ \_\_\_\_\_

2. Total Reduction of Liabilities \$ \_\_\_\_\_

**Total** (*Capital Expenditures and Reduction of Liabilities*) \$ \_\_\_\_\_

**B.**

1. Excess of Operating Income over Expenses \$ \_\_\_\_\_

2. Unrestricted Current Assets \$ \_\_\_\_\_

3. Loans - Specify Source and Terms \$ \_\_\_\_\_

4. Restricted Assets - Specify Source \$ \_\_\_\_\_

**Total** (*B 1 thru 4 above*) \$ \_\_\_\_\_

**Note:** *The total of Category A must equal the total of Category B.*

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CEMETERY BUDGET  
CEMETERY

**INCOME**

| <u>Acct No.</u> |   | <u>2024-2025</u>     | <u>2025-2026</u>     | <u>2026-2027</u>     |
|-----------------|---|----------------------|----------------------|----------------------|
|                 | <b><u>Regular</u></b>                           | <b><u>Actual</u></b> | <b><u>Budget</u></b> | <b><u>Budget</u></b> |
| 300             | Lots  | \$ _____             | \$ _____             | \$ _____             |
| 301             | Crypts/Niches                                   | \$ _____             | \$ _____             | \$ _____             |
| 302             | Foundations                                     | \$ _____             | \$ _____             | \$ _____             |
| 303             | Inscriptions                                    | \$ _____             | \$ _____             | \$ _____             |
| 304             | Tents   | \$ _____             | \$ _____             | \$ _____             |
| 305             | Vaults  | \$ _____             | \$ _____             | \$ _____             |
| 306             | Interment/Entombment                            | \$ _____             | \$ _____             | \$ _____             |
| 307             | Interest  | \$ _____             | \$ _____             | \$ _____             |
| 308             | Dividends                                       | \$ _____             | \$ _____             | \$ _____             |
| 309             | Parish Subsidy                                  | \$ _____             | \$ _____             | \$ _____             |
| 311             | Cemetery Care Collection                        | \$ _____             | \$ _____             | \$ _____             |
| 312             | Capital Improvements                            | \$ _____             | \$ _____             | \$ _____             |
| 313             | Gain or Loss on Sale of Investments             | \$ _____             | \$ _____             | \$ _____             |
| 314             | Gain or Loss on Sale / Disposal of Fixed Assets | \$ _____             | \$ _____             | \$ _____             |
| 319             | Other Regular                                   | \$ _____             | \$ _____             | \$ _____             |
|                 | <b>Total Regular Income</b>                     | \$ _____             | \$ _____             | \$ _____             |
|                 | <br><b>Endowed Care</b>                         |                      |                      |                      |
|                 | <b><u>Restricted</u></b>                        |                      |                      |                      |
| 350             | Burial Site Sales                               | \$ _____             | \$ _____             | \$ _____             |
| 351             | Interest  | \$ _____             | \$ _____             | \$ _____             |
| 352             | Dividends                                       | \$ _____             | \$ _____             | \$ _____             |
| 353             | Gain or Loss on Sale of Investments             | \$ _____             | \$ _____             | \$ _____             |
| 359             | Other Endowed Care                              | \$ _____             | \$ _____             | \$ _____             |
|                 | <b>Total Endowed Care</b>                       | \$ _____             | \$ _____             | \$ _____             |
|                 | <br><b>TOTAL CEMETERY INCOME</b>                | \$ _____             | \$ _____             | \$ _____             |

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CEMETERY BUDGET  
\_\_\_\_\_CEMETERY

**EXPENSES**

| <u>Acct No.</u> |  | <u>2024-2025</u><br><u>Actual</u> | <u>2025-2026</u><br><u>Budget</u> | <u>2026-2027</u><br><u>Budget</u> |
|-----------------|--|-----------------------------------|-----------------------------------|-----------------------------------|
|                 | <b><u>Administration</u></b>             |                                   |                                   |                                   |
| 1300            | Insurance                                | \$ _____                          | \$ _____                          | \$ _____                          |
| 1302            | Interest on Loans                        | \$ _____                          | \$ _____                          | \$ _____                          |
|                 | <b>Total Special &amp; Fixed Charges</b> | \$ _____                          | \$ _____                          | \$ _____                          |
|                 | <b>TOTAL CEMETERY EXPENSES</b>           | \$ _____                          | \$ _____                          | \$ _____                          |

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CEMETERY BUDGET  
\_\_\_\_\_CEMETERY

**SALARIES**

| <u>Name</u>  | <u>Position</u> | <u>Years of Service</u> | <u>Lay Employees</u><br>(402) |
|--------------|-----------------|-------------------------|-------------------------------|
| _____        | _____           | _____                   | \$ _____                      |
| _____        | _____           | _____                   | \$ _____                      |
| _____        | _____           | _____                   | \$ _____                      |
| _____        | _____           | _____                   | \$ _____                      |
| _____        | _____           | _____                   | \$ _____                      |
| <b>Total</b> |                 |                         | <b>\$ _____</b>               |

**BENEFITS**

| <u>Name</u>  | <u>Health Care</u><br>(410) | <u>Dental</u><br>(411) | <u>Pension</u><br>(412) | <u>Social Security</u><br>(417) | <u>Medicare</u><br>(418) |
|--------------|-----------------------------|------------------------|-------------------------|---------------------------------|--------------------------|
| _____        | \$ _____                    | \$ _____               | \$ _____                | \$ _____                        | \$ _____                 |
| _____        | \$ _____                    | \$ _____               | \$ _____                | \$ _____                        | \$ _____                 |
| _____        | \$ _____                    | \$ _____               | \$ _____                | \$ _____                        | \$ _____                 |
| _____        | \$ _____                    | \$ _____               | \$ _____                | \$ _____                        | \$ _____                 |
| _____        | \$ _____                    | \$ _____               | \$ _____                | \$ _____                        | \$ _____                 |
| _____        | \$ _____                    | \$ _____               | \$ _____                | \$ _____                        | \$ _____                 |
| <b>Total</b> | <b>\$ _____</b>             | <b>\$ _____</b>        | <b>\$ _____</b>         | <b>\$ _____</b>                 | <b>\$ _____</b>          |