

FEDERATED FUNERAL DIRECTORS OF AMERICA, INC.

P.O. Box 19244 Springfield, Illinois 62794-9244

(217) 525-1712

FAX (217) 525-2104

Hayley Gillespie
4317 Stormy Mill Rd Apt 6
Danville VA 24541-0000



4835 C M53148-WE1740 20 B
Norris Funeral Services, Inc.

Services for: George C Sieg

08/10/17

Federated provides accounting and business consulting services to independent funeral homes throughout the country. We thank you for selecting our member to serve your family and hope everything exceeded your expectations.

Please take a few minutes to complete this important survey on the reverse side. Your responses and comments will enable our member to better serve the community.

Thank you for your assistance.

Please feel free to use this space for further comments.

1. Please Rate

A. Our Staff and Services regarding:

- 1. First contact - courteous and helpful
- 2. Appearance of deceased
- 3. Visitation/Viewing
- 4. Funeral Ceremony
- 5. Appearance of our staff

Excellent-----Poor	4	3	2	1	N/A
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Your Arranging Funeral Director:

- 1. Was understanding and attentive
- 2. Listened and answered your questions
- 3. Presented a variety of services and merchandise
- 4. Provided enough time to make choices
- 5. Explained payment policies clearly and professionally

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Our Facilities and Automobiles:

- 1. Facilities - elderly and handicapped accessible
- 2. Facilities - updated and comfortable
- 3. Parking - ample and convenient
- 4. Automobiles - clean and in good condition

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Value of the Services and Merchandise:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

E. Your Overall Satisfaction:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

2. Why did you select this funeral home? (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Previous Experience | <input type="checkbox"/> Recommended by: _____ |
| <input type="checkbox"/> Location | <input type="checkbox"/> Deceased's Request |
| <input checked="" type="checkbox"/> Reputation | <input type="checkbox"/> Personally Knows Staff (name) _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Prearranged - Was it helpful? <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Is there anything you would have changed about the service? Yes No

If yes, what: _____

4. Would you choose this funeral home again? Yes No

Why: (Check all that apply.)

- Staff Services Facilities Price

Other: _____

5. What was the most memorable thing about your experience? _____

6. Would you like information about prearranging? Yes No

Please mail to: Name _____

(if different from other side) Street Address _____

City _____ State _____ Zip _____

Other contact info: Daytime # _____ Evening # _____

(if preferred) E-mail: _____

(please use other side for additional comments)