

FEDERATED FUNERAL DIRECTORS OF AMERICA, INC.

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

(217) 525-1712

FAX (217) 525-2104

June Anne Swain
128 Hickory Dr
Blairs VA 24527-0000



4835 B M48331-DA17112 20 C
Norris Funeral Home, Inc.

Services for: Gary Allan Swain

08/08/17

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.

*From initial contact to conclusion all aspects
of service was top notch. I've been
reminded on more than one occasion that
my expectations were to high. Mr. Walter and
the entire staff should be commended.
Good job, thank you ~ June Swain*

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> Previous Experience | <input type="checkbox"/> Recommended by: _____ |
| <input checked="" type="checkbox"/> Location | <input checked="" type="checkbox"/> Deceased's Request |
| <input checked="" type="checkbox"/> Reputation | <input type="checkbox"/> Personally Knows Staff (name) _____ |
| <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Prearranged - Was it helpful? <input checked="" 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? THE HELP FROM AND

THE RELATIONSHIP ESTABLISHED WITH ROBERT REMMER,
AN EXCEPTIONAL MAN IN MY OPINION.

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)