

**FEDERATED FUNERAL DIRECTORS OF AMERICA, INC.**

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

(217) 525-1712

FAX (217) 525-2104

Lester Bartee  
7120 Dry Fork Rd  
Dry Fork VA 24549-0000



4835 B M48322-DA17111 20 B  
Norris Funeral Home, Inc.

Services for: William Wade Holley

08/04/17

**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	Excellent-----	-----	-----	Poor	
A. Our Staff and Services regarding:	4	3	2	1	N/A
1. First contact - courteous and helpful	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Appearance of deceased	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Visitation/Viewing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Funeral Ceremony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Appearance of our staff	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Listened and answered your questions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Presented a variety of services and merchandise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provided enough time to make choices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Explained payment policies clearly and professionally	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Facilities - updated and comfortable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Parking - ample and convenient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Automobiles - clean and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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.)

<input type="checkbox"/> Staff	<input type="checkbox"/> Services	<input type="checkbox"/> Facilities	<input type="checkbox"/> 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)