

FEDERATED FUNERAL DIRECTORS OF AMERICA, INC.

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Stephen Long
126 Westmoreland Ct #7
Danville VA 24541-2750



4835 B M48334-DA17113 20 B
Norris Funeral Home, Inc.

Services for: Marjorie Crumpton Long

08/11/17

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

D. Value of the Services and Merchandise:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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E. Your Overall Satisfaction:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 checked="" type="checkbox"/> Deceased's Request |
| <input 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)