



EVALUATION OF MORTUARY SERVICES

Today's Date: \_\_\_\_\_ BAFCFA Membership #: \_\_\_\_\_

We understand it is a difficult time. When it feels right, please take a moment to report on the funeral home chosen and its overall performance. This evaluation is invaluable to our organization and the relationship with our cooperating mortuaries and funeral homes. Your response helps us to continue providing our members with good consumer choices and end of life plans.

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Decedent: \_\_\_\_\_ Death Date: \_\_\_\_\_

Funeral Home Used: \_\_\_\_\_

If Used, Cemetery Name & City: \_\_\_\_\_

Requested Services:

- Cremation, Plan C-1       Cremation & scattering at sea, Plan C-2
- Direct burial, Plan B-1       Burial with graveside rites, Plan B-2       Full funeral, Plan B-3
- Forwarding remains to another location: \_\_\_\_\_
- # Death certificates ordered: \_\_\_\_\_  After-hours pickup       Coroner case \_\_\_\_\_

FCA Member Died at:     Home     Hospital     Care Facility     Other: \_\_\_\_\_

Organ/Tissue Donation?  Yes     No \_\_\_\_\_

Body Donation?       Yes     No    If so, Where? \_\_\_\_\_

Extra Services Requested Were: \_\_\_\_\_

How would you rate the services provided?

- Excellent     Better Than Expected     As Expected     Below Expectations     Poor

- Were you satisfied with response time? .....  Yes  No
- Were you satisfied with the competence of mortuary personnel? .....  Yes  No
- Were you satisfied with the mortuary's facilities and equipment? .....  Yes  No
- Were the deceased and family treated with respect and dignity? .....  Yes  No
- Were the deceased' choices and directives honored without hesitation? .....  Yes  No
- Was there sales pressure to sell more services or products to the family? .....  Yes  No
- Would you recommend this mortuary to others? .....  Yes  No

Amount Paid To: Funeral Home \_\_\_\_\_ Cemetery \_\_\_\_\_ Coroner \_\_\_\_\_

Were the costs what you expected?  Yes     No, they were  Higher     Lower

If there are any statements you would care to make to explain further your approval or disapproval, please use the reverse side of this sheet to comment. You may also prefer to use yelp.com.

We are thinking of you at this time of loss and appreciate you taking the time to return this evaluation of service. Thank You.