

# Advance Planning Questionnaire

Sponsored By:



**Complimentary Gift!**

*Family Owned and Operated*

***Would it give you peace of mind to have you pre-arrangements completed so your family will not have to make the arrangements someday?***

We realize that many people want to pre-arrange their funeral to spare their loved ones the emotional and financial burden of making arrangements at the time of need. By answering this questionnaire you can make choices about your funeral service that will spare your loved ones from making those choices someday. And, we will provide you with funeral cost information and payment options based on your needs. Please answer these questions as completely as possible and return the questionnaire in the postage-paid envelope. **Your funeral selections will be kept on file at our funeral home so they can be provided to family members in the event that a need should arise.**

## NO COST • NO OBLIGATION

- I want the funeral cost estimate for:  
A.  Myself      B.  My spouse      C.  Other family member      D.  Friend
- What is the age of the person for whom you would like the funeral cost estimate?  
(If you want a funeral cost estimate for more than one person, please give the age of each person.)      A. Age \_\_\_\_\_      B. Age \_\_\_\_\_      C. Age \_\_\_\_\_      D. Age \_\_\_\_\_
- On which of the following do you want a cost estimate?  
 Burial service       Above ground burial       Cremation  
*If burial cost estimate is chosen, answer questions 4-7: if cremation estimate is chosen, answer questions 8 and 9.*
- Do you own grave space or mausoleum space?       Yes       No  
If yes please name cemetery: \_\_\_\_\_
- Which of the following types of service do you want?  
 Military service with honors       Limited service with same day visitation  
 Visitation at funeral home with traditional service at funeral home  
 Visitation at funeral home with church service  
Name of church \_\_\_\_\_

***-over please-***

- What type of casket are you interested in?  
 Wood       Steel       Stainless Steel       Copper       Bronze
- What is your preference in an outer burial container:  
 Grave liner       Concrete box       Protective vault       Protective reinforced vault
- Which of the following types of cremation interest you most?  
 Basic cremation       Cremation with memorial service and urn  
 Cremation with traditional service with visitation, casket and urn
- What is your preference regarding the resting place of cremation remains?  
 Ground burial       Above ground cremation niche  
 Scattered privately with memorialization       Family will determine

Please check the appropriate boxes if you would like information about:

- |   |  |
|---|--|
| <input type="checkbox"/> Affordable payment plans         | <input type="checkbox"/> Information about social security benefits                      |
| <input type="checkbox"/> Video or picture memorialization | <input type="checkbox"/> Information about Veteran's benefits                            |
| <input type="checkbox"/> Estate planning information      | <input type="checkbox"/> Recording of individual biographical and historical information |
| <input type="checkbox"/> Pre-planning Discount Program    |  |

**Check here, to receive your Free Personal Planning Guide!**



Once you have completed this questionnaire, please complete the following information and mail it back to us in the enclosed envelope. **WITHOUT THIS INFORMATION, WE WILL NOT KNOW TO WHOM TO PROVIDE THIS COST INFORMATION AND WE WILL NOT BE ABLE TO PUT THIS INFORMATION IN OUR PERMANENT FILES AT THE FUNERAL HOME.**

Name _____
Address _____
City _____ State _____ Zip _____
Phone # (_____) _____ Best time to call _____
E-Mail (if available) _____
Signature _____

**PLEASE RETURN IN THE ENCLOSED, POSTAGE-PAID ENVELOPE.**

**Your completed questionnaire will be forwarded to the sponsoring funeral home and cemetery to be placed in their permanent files. It is part of a general community mailing and if this questionnaire reaches you at a time of illness or loss, please accept our sincerest apologies.**

# COMMUNITY ADVANCE PLANNING SURVEY

Sponsored By:



**Complimentary Gift... As our way of saying thank you for completing our survey.**

## TO FAMILIES IN OUR COMMUNITY:

**We need your help.** We are conducting a survey to determine how members of our community plan for one of the hardest events a family has to face... The death of a loved one. The questions that follow are designed to help us understand what people want and need at this most difficult time. Your answers will help us improve our service by understanding what is most important to you. After answering the questions, please return this survey in the enclosed postage paid envelope.

This survey is being conducted by an independent marketing company and is part of a general community mailing. Please accept our sincerest apologies if this mailing reaches you at a time of illness or loss. All information will be kept strictly confidential and used only to help us better service the families of our community.

### Survey: (Please mark the appropriate box)

- What is your age group?  
 Under 40     41-60     60-75     76 or older
- In the event of a family emergency, what would influence your choice of a funeral home?  
 Previous experience     Location     Price     Reputation  
 Services offered     Family heritage     Other: \_\_\_\_\_
- Have you ever been responsible for making funeral arrangements for someone else?  
 Yes     No  
If yes, was it?  Within the last 12 months     12-24 months ago     Over 2 years ago
- Is there an honorably discharged veteran in your household?  Yes     No
- Are you aware that you can arrange and pay for a funeral in advance of need?  
 Yes     No     Send information about funeral planning
- Do you have a prepaid funeral plan?  
 Yes     No     Send information about funeral costs and payment plan options to me
- Do you own cemetery property?  
 Yes     No     Send information about cemetery costs and payment plan options to me
- Are your loved ones aware of your preference in funeral arrangements?  
 Yes     No

**-over please-**

9. Which of the following would you choose for yourself?  
 Ground Burial     Above ground burial     Cremation

If your answer is Burial, what type of casket would you choose?

- Bronze     Copper     Stainless Steel     Steel     Wood

What is your preference in an outer burial container:

- Protective reinforced vault     Protective vault     Concrete box

If your answer is Cremation, what will be done with the cremated remains

- Above ground (Columbarium)     Below ground (Family Grave)  
 Taken home     Scattered     Undecided

10. Which of the following funeral services would you choose for yourself?

- Traditional (visitation and funeral ceremony)  
 Limited service with same day visitation  
 Basic burial with no visitation  
 Memorial service

11. Do you have up-to-date biographical information and accurate records to help a loved one with your funeral planning?

- Yes     No     Send booklet to document this information

12. In the event of your death, who is responsible for making your final arrangements?

- Spouse     Children     Family member     Friend

13. Does this person know your preferences including the type of casket, music, flowers and services?

- Yes     No

14. As part of our community service program, we offer the following services. Would you like to receive information on any of the following:

- Creating a "Celebration of Life"     Affordable payment plans  
 Veteran's benefits     Cremation options  
 Personal funeral cost information     Recording of biographical and historical information for your family  
 Information on dealing with grief

**Thank you for your help. Please share your name, address and phone number so we can send you a complimentary gift... a Personal Planning Guide as our way of saying thank you for completing our survey and also to provide you with any of the other information that you request.**

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Please return in the postage-paid envelope provided. All information will be kept strictly confidential and used only to help us better service the families of our community.**

# FUNERAL PLANNING SURVEY

Sponsored By:



## Complimentary Gift!

**We need your help.** In order to continually improve the services of our Funeral Home we are asking for your assistance. Your answers to this survey will help us determine how members of our community plan for one of the hardest things a family has to face --- the death of a loved one. By answering and returning the enclosed survey, you'll provide us with important information so we can better provide sensitive, caring, professional assistance for families in our community.

**As a "thank you" for taking the time to answer our survey, we have a special COMPLIMENTARY Gift for you... a Family Emergency Record Guide.**

**Survey: (Please mark the appropriate box)**

1. Are you?  
 Married       Single       Widowed
2. How old are you?  
 Under 40       41-55       56-70       71 or older
3. Are you currently?  
 Employed       Retired
4. Have you ever been responsible for making funeral arrangements for someone else?  
 Yes       No  
If yes, was it?  Within the last 12 months       12-24 months ago       Over 2 years ago
5. Are you aware that you can arrange and pay for a funeral in advance of need?  
 Yes       No
6. Do you have a prepaid funeral plan?  
 Yes       No
7. How much would you expect a funeral to cost?  
 Under \$2,500       \$2,500-5,000       \$5,000-8,000       Over \$8,000
8. Do you own cemetery property?  
 Yes       No
9. Are your loved ones aware of your preference in funeral arrangements?  
 Yes       No

**-over please-**

10. Which of the following would you choose for yourself?  
 Burial       Cremation       Mausoleum Entombment
11. Do you have up-to-date biographical information and accurate records to help a loved one with your funeral planning?  
 Yes       No
12. In the event of your death, who is responsible for making your final arrangements?  
 Spouse       Children       Family member       Friend
13. Are you concerned about "emotional overspending" by the person planning your funeral if decisions are left to be made at an emotional time?  
 Yes       No
14. Does this person know your preferences including the type of casket, music, flowers and services?  
 Yes       No
15. Would it give you peace of mind to know that you could do your planning in advance and that your family would not have to make the arrangements themselves?  
 Yes       No
16. As part of our community service program, we offer the following services. Would you like to receive information on any of the following:  
 Funeral planning booklet       Social security benefits  
 Veteran's benefits       Cremation options  
 Funeral cost information       Affordable payment plans

**Check here, to receive your COMPLIMENTARY gift!**



**Thank you for your help. Please share your name, address and phone number so you can be contacted about your complimentary gift... a Personal Planning Guide and also to provide you with any of the other information that you request.**

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

**Please return in the postage-paid envelope provided. All information will be kept strictly confidential and used only to help us better service the families of our community.**

**NOTE - This survey is conducted by an independent marketing company. It is part of a general community mailing and if this survey reaches you at a time of illness or loss, please accept our sincerest apologies.**

# ENCUESTA SOBRE PLANIFICACIÓN ANTICIPADA

Patrocinada por:

## ATODAS LAS FAMILIAS DE NUESTRA COMUNIDAD:

Necesitamos su ayuda: estamos llevando a cabo una encuesta para establecer de qué modo los miembros de nuestra comunidad se preparan para uno de los momentos más difíciles a los que una familia debe enfrentarse: la muerte de un ser querido. Las preguntas siguientes han sido diseñadas para ayudarnos a comprender los deseos y las necesidades de las personas en este trance tan difícil. Sus respuestas nos ayudarán a mejorar nuestro servicio al permitirnos comprender mejor sus prioridades. Una vez haya respondido las preguntas, le rogamos que nos envíe la encuesta en el sobre franqueado que le adjuntamos.

*Una empresa de marketing independiente está realizando esta encuesta y forma parte de una campaña de mailing general entre los miembros de la comunidad. Le rogamos que acepte nuestras más sinceras disculpas si este correo le llega en un momento de pérdida o enfermedad. Respetaremos la confidencialidad de la información que nos confíe y la utilizaremos única y exclusivamente para el propósito de mejorar el servicio prestado a las familias de nuestra comunidad.*

Encuesta: (Marque la casilla correspondiente)

- ¿A qué grupo de edad pertenece?  
 Menos de 40 años     41-60     60-75     76 años o más
- En caso de producirse una emergencia familiar, ¿qué factor tendría en cuenta a la hora de elegir un tanatorio?  
 Experiencia previa     Ubicación     Precio     Reputación  
 Servicios prestados     Herencia familiar     Otros: \_\_\_\_\_
- ¿En alguna ocasión ha debido encargarse de organizar un funeral para otra persona?  
 Sí     No
- ¿En su hogar vive algún veterano retirado con honores?     Sí     No
- ¿Sabe que puede organizar y pagar un funeral antes de que surja la necesidad?  
 Sí     No     Enviar información sobre la planificación de un funeral
- ¿Dispone de un seguro de deceso?  
 Sí     No     Enviarme información sobre los gastos funerarios y las opciones de pago
- ¿Sus seres queridos saben el tipo de funeral que usted desea?     Sí     No

Continúa en la página siguiente

8. ¿Qué tipo de funeral elegiría para usted?     En sepultura     En panteón  
 Cremación

Si su respuesta es "En sepultura", ¿qué tipo de ataúd elegiría?

- Bronce     Cobre     Acero inoxidable     Acero     Madera

¿Qué tipo de féretro le gustaría en caso de haber elegido un funeral en panteón?

- Urna de protección reforzada     Urna de protección     Cajón de hormigón

Si su respuesta es "Cremación", ¿cuál sería el destino de su elección para los restos cremados?

- Un columbario     Bajo tierra (en el sepulcro familiar)  
 Su hogar     Esparcir las cenizas     No se ha decidido

9. ¿Qué servicios funerarios de los siguientes elegiría para usted?

- Tradicional (velatorio y funeral)     Servicio limitado con velatorio en el mismo día  
 Enterramiento directo sin velatorio     Honras fúnebres

10. ¿Dispone de información biográfica actualizada y registros al día para ayudar a un ser querido en la planificación de su funeral?     Sí     No     Enviar folleto para documentar esta información

11. En caso de fallecer, ¿quién sería el responsable de organizar los últimos detalles?

- Cónyuge     Hijos     Miembro de la familia     Amigo/-a

12. ¿Esta persona conoce sus preferencias, incluyendo el tipo de ataúd, música, flores y servicios?

- Sí     No

13. Como parte del programa de servicios de la comunidad, prestamos los servicios siguientes. ¿Le gustaría

recibir información sobre alguno de estos temas?:

- Crear una "Celebración de la vida"     Planes de pago asequibles  
 Ventajas para veteranos     Opciones de cremación  
 Información sobre los gastos de un funeral personal     Registros biográficos e históricos

Muchas gracias por su ayuda. Le rogamos que nos indique su nombre, dirección y número de teléfono para que podamos hacerle llegar un obsequio de cortesía: una Guía de planificación personal. Es nuestra forma de agradecerle que dedicara tiempo a completar nuestra encuesta y además le proporciona información adicional que pudiera necesitar.

Nombre: (En mayúsculas) \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_

Estado: \_\_\_\_\_ CP: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Mejor horario para llamar: \_\_\_\_\_

Dirección de correo electrónico: \_\_\_\_\_

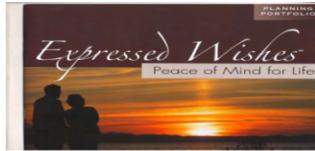
Le rogamos que nos haga llegar la encuesta en el sobre franqueado adjunto. Respetaremos la confidencialidad de la información que nos confíe y la utilizaremos única y exclusivamente para el propósito de mejorar el servicio prestado a las familias de nuestra comunidad.

# CEMETERY PLANNING SURVEY

Sponsored By:

**Complimentary  
Gift!**

Free  
**Survivor's Guide Booklet**



**We need your help.** In order to continually improve the services of our Cemetery we are asking for your assistance. Your answers to this survey will help us determine how members of our community plan for one of the hardest things a family has to face --- the death of a loved one. By answering and returning the enclosed survey, you'll provide us with important information so we can better provide sensitive, caring, professional assistance for families in our community.

**As a "thank you" for taking the time to answer our survey, we have a special COMPLIMENTARY Gift for you... a Survivor's Guide.**

**Survey: (Please mark the appropriate box)**

1. Are you?  Married  Single  Widowed
2. How old are you?  Under 40  41-55  56-70  71 or older
3. Are you currently?  Employed  Retired
4. Please list the cemetery that you would call in case of a family emergency.  
\_\_\_\_\_
5. Have you ever been responsible for making cemetery arrangements for someone else?  
 Yes  No  
If yes, was it?  Within the last 12 months  12-24 months ago  Over 2 years ago
6. Are you aware that you can arrange and pre-pay for cemetery expenses?  
 Yes  No
7. Have you already prepaid for cemetery merchandise and services?  Yes  No
8. Do you own cemetery property?  Yes  No
9. Are your loved ones aware of your preference in cemetery arrangements?  
 Yes  No

**-over please-**

10. Which of the following would you choose for yourself?

- Traditional Ground Burial  Burial of cremated remains  
 Mausoleum Entombment

11. Would it give you peace of mind to know that you could do your planning in advance and that your family would not have to make the arrangements themselves?

- Yes  No

12. As part of our community service program, we offer the following services. Would you like to receive information on any of the following:

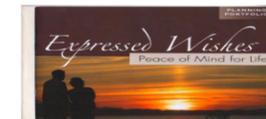
- Survivor's Guide booklet  Niches for cremated remains  
 Cemetery Cost Information  Urns and Memorialization for cremated remains  
 Information About Mausoleum  Bronze Memorials

## WARNING ABOUT SKYROCKETING COSTS THAT COULD SEVERELY IMPACT YOUR FAMILY IMMEDIATELY AFTER YOUR DEATH

Burial costs are rising, coupled with the likely return of high inflation. The only way to safeguard your family against a sudden, burdensome expense is to "Pre-Plan" your final arrangements and have them paid in full, in advance. Pre-Planned Arrangements are offered by many cemeteries, but not all services are the same.

**Free  
Survivor's Guide Booklet**

**Check here, to receive  
your COMPLIMENTARY gift!**



**Thank you for your help. Please share your name, address, phone number and e-mail address so we can send you your complimentary gift... a Survivor's Guide.**

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Please return in the postage-paid envelope provided. All information will be kept strictly confidential and used only to help us better service the families of our community.**

**NOTE - This survey is conducted by an independent marketing company. It is part of a general community mailing and if this survey reaches you at a time of illness or loss, please accept our sincerest apologies.**

# MARKET RESEARCH STUDY- FUNERAL & CEMETERY SERVICE

This market research study is being conducted by an independent marketing company. It is part of a general mailing to people age 50+ in your community. Your answers to this questionnaire will be provided to the sponsoring location so that they can use the information to better provide sensitive, caring, professional assistance for families in their community.

Your answers will only be provided to the sponsoring location and will not be shared with any other company or individual.

Sponsored By:

## Questionnaire: (Please mark the appropriate box)

1. What is your age group?  
 Under 55       56-65       66-75       76 or older
2. In the event of a family emergency, what would influence your choice of a funeral home?  
 Previous experience       Location       Price       Reputation  
 Services offered       Family heritage       Other: \_\_\_\_\_
3. Have you made funeral arrangements for a loved one previously?  
 Yes       No      If yes, please answer question #4 and 5.
4. What was the most difficult part of making funeral and cemetery arrangements?  
 Selecting the services and merchandise       The financial burden  
 Emotionally difficult process to go through       Family disagreements
5. How could the funeral home and cemetery make arranging a funeral easier?  
 Offer funeral planning in advance of need       Offer flexible payment options  
 Make arrangements in the family's home       Offer value packages  
 Shorten the amount of time it takes       Other: \_\_\_\_\_
6. Have you attended a funeral service or a visitation at the sponsoring funeral home or cemetery previously?       Yes       No      If yes, please give your impression of the following:

	<u>Excellent</u>	<u>Acceptable</u>	<u>Unacceptable</u>
Flexibility of staff to meet your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness and comfortability of funeral home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ample parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

-Over please-

7. Which of the following would you choose for yourself?  
 Burial                       Cremation                       Mausoleum Entombment
8. Do you have up-to-date biographical information and accurate records to help a loved one with your funeral planning?                       Yes                       No
9. Do you have a pre-paid funeral plan?                       Yes                       No
10. Do you own cemetery property?                      \* Yes                       No
11. Have you pre-paid for cemetery merchandise and services?     Yes                       No
12. What is the most important consideration in planning a funeral in advance of need?  
 Spare my loved ones the difficulty of making arrangements  
 Express my own wishes and know that they will be done the way I want  
 Spare my family the financial burden of paying for my funeral
13. What is the biggest obstacle in deciding to pre-arrange a funeral?  
 I don't want to think about it                       It takes too much time  
 I don't want or I can't go to the funeral home or cemetery  
 I think it is too expensive or I don't think that I can afford it  
 I'm afraid that I will be pressured to buy                      Other: \_\_\_\_\_
14. If you could plan your or a loved ones funeral in advance of need **without** the need to pay for it in advance, would you be interested?  
 Yes                       No
15. Which of these services we offer would provide the most benefit to you?  
 Providing Living Will                       Providing affordable payment plan options  
 Assistance with applying for Veteran's and/or Social Security benefits  
 Advance funeral planning                       Customized Memorialization  
 Assistance dealing with grief                       Insurance assignments and claim filing

**Thank you for your help. Your answers to this questionnaire will help us provide the best possible service to families we serve. Please complete the following information so we can provide the gift to you.**

- Please have someone contact me about services you provide  
 I would like to receive information about funeral pre-arrangements  
 I would like to receive information about cemetery pre-arrangements  
 I would like to receive information about cremation pre-arrangements  
 I have completed pre-arrangements but would like to update them

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Best time to call \_\_\_\_\_ E-Mail Address \_\_\_\_\_