

*"This is the most beautiful
place to honor my loved ones."
~ C. Lewis*



m o r t u a r y
m a u s o l e u m
c r e m a t o r y

Reg V. Ecker,
Funeral Director

801-363-7065

Please complete this confidential survey:

1

Have you ever had to make funeral arrangements for a loved one?

Yes No

2

If "Yes," why did you choose the funeral home you used?

My family has always used this funeral home.

Reputation of the funeral home.

Saw an advertisement in the newspaper.

Check prices at other funeral homes.

Other: _____

3

Do you own cemetery property?

Yes No

4

If you had lost a loved one, would a follow-up visit, after the service, about extended programs available to you be an added comfort?

Yes No

PLEASE CONTINUE ON REVERSE SIDE 



Is Advance Funeral Planning something that: *(Please select all that apply)*

- You have heard about? You have thought about?
 You have considered? You would like to know more about?
 Other: _____



Do you know that Advance Funeral Planning can:

- Help you qualify for Federal or State medical assistance benefits? Yes No
Offer a tax advantage? Yes No
Hedge the inflation of tomorrow's funeral? Yes No



Are your loved ones aware of what your wishes are for your own arrangements?

- Yes No



Are you interested in recording your family history and vital information now and having it on file at the funeral home?

- Yes No



How much might you expect to pay for a funeral?

- Under \$2,500 \$3,500 – \$5,499 \$7,500 – \$9,000
 \$2,500 – \$3,499 \$5,500 – \$7,499 Over \$9,000

Thank you for participating in our survey. We would like to give you a personalized **EMERGENCY INFORMATION CARD** for responding. It's credit card size and easily kept in your wallet or purse, and it's absolutely **FREE!**

EMERGENCY INFORMATION CARD

Please provide us with your phone number below and the best time to contact you to arrange the completion of your FREE Emergency Information Card.

Name _____

Phone _____

Best time to call _____ a.m. p.m.

EMERGENCY INFORMATION CARD

contains:

- Your doctor's name and phone number
- Hospital of your choice
- Medications you take on a regular basis
- Other vital information regarding your health care

PLEASE RETURN YOUR COMPLETED FORM IN THE ENCLOSED POSTAGE-PAID ENVELOPE

This questionnaire is a general mailing. Delivery to grieving or convalescing family members is purely unintentional.