Why did you (please circle		he services of N	Northwest Funeral Alte	rnative Inc.?	
location	reputation	personal recor	mmendation price	advert	ising
Are you a men	mber (pre-arrar	nged with us?)	Yes	No	
If not, would	you like us to n	nail you forms	to become a member?	Yes	No
Please rate the	e overall service	e provided			
poor	fair	good	very good	excellent	
Please rate the arrangement i	-	m and sensitivi	ity of the staff member	you dealt with	for the
poor	fair	good	very good	excellent	
Name of staff	member				
-	additional staf you? If so, plea	-	particular that you felt	went over and a	above the call of
Any additiona	al comments or	recommendation	ons (use back of page i	f necessary):	
Would you re-	commend our s	services to othe	rs? Yes	No	
Your name (C	PTIONAL)				
Address (only	if you would l	ike membershi	p forms mailed out to	you)	