



3139 KUTZTOWN RD., LAURELDALE, PA. 19605 (610) 929-2613 WWW.GETHCEM.COM

At Need Questionnaire

Your input, insight, and suggestions are important to us. Your help allows us to improve our service to other families. Please complete and return in the stamped envelope provided.

Regarding Cemetery Services for: _____

Date of Service: _____ Parish: _____

Name of Contact Person: _____ Relationship: _____

Address: _____ Phone: _____

Section: _____ Lot/Crypt/Niche No.: _____ Grave/Tier No.: _____

Counselor Name: _____

1. Was the funeral procession met and led to the interment/entombment location in a timely and respectful manner? _____
2. Was the interment/entombment location prepared to accept your arrival and was the area/equipment in excellent condition? _____
3. Were you or your family greeted or approached by any of our staff with a condolence?

4. How did Gethsemane Cemetery meet/not meet your expectations?
 A. Office/Arrangement Appointment: _____

 B. Facilities/Day of Service: _____

5. Did you receive a follow up phone call from Gethsemane Cemetery staff after the service, and was it helpful? _____

6. What one thing could we have done differently? _____

7. If you could tell the Director of Gethsemane Cemetery anything, what would that be?

8. Our Staff strives to perform at a high level; did you consider the Gethsemane Cemetery Staff courteous and respectful to your family at this sensitive time?

9. Would you or someone in your family like to receive our newsletter electronically via email or by regular mail?

Name	Relationship	EMAIL ADDRESS or home address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Comments, Suggestions: _____

