



## SERVICE EVALUATION

**Two of the important purposes of the Memorial Society of British Columbia are to promote the right of every person to simple, dignified and affordable arrangements for death and to assist and support the bereaved in making such arrangements.**

**The Memorial Society of British Columbia would like to have your opinion on the services of the funeral provider you dealt with. Please read the following statements and indicate the extent to which you agree or disagree with each of the statements.**

**(Only answer the questions you wish to answer.)**

**1. The funeral provider I dealt with showed me respect, understanding and compassion.**

Strongly agree ☐      Agree ☐      Disagree ☐      Strongly disagree ☐

**2. I was comfortable in the surroundings while making the arrangements.**

Strongly agree ☐      Agree ☐      Disagree ☐      Strongly disagree ☐

**3. In dealing with the funeral provider, I felt pressured to deviate from my original intentions.**

Strongly agree ☐      Agree ☐      Disagree ☐      Strongly disagree ☐

**4. The costs for all the services and products provided were explained to me.**

Strongly agree ☐      Agree ☐      Disagree ☐      Strongly disagree ☐

**5. Overall, I was satisfied with the services of the funeral provider.**

Strongly agree ☐      Agree ☐      Disagree ☐      Strongly disagree ☐

**6. I would recommend to others the funeral provider I dealt with.**

Strongly agree ☐      Agree ☐      Disagree ☐      Strongly disagree ☐

**7. I would recommend to others that they should become members of the Memorial Society of British Columbia.**

Strongly agree ☐      Agree ☐      Disagree ☐      Strongly disagree ☐

*(Please turn over)*

**MSBC Service Evaluation** (continued...)

The funeral provider I dealt with was:

**Name** \_\_\_\_\_

**Location** \_\_\_\_\_ British Columbia.

**COMMENTS** *(Any comments you make will be appreciated – use additional sheet if necessary.)*

If you wish to give your name, please complete the following:

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Name of Deceased Member** \_\_\_\_\_ **(optional)**

I **am** a member of the Memorial Society of British Columbia ☐

I **am not** a member of the Memorial Society of British Columbia and would like to receive information ☐

*Thank you very much.*

*Please fax or mail to:*

Memorial Society of British Columbia  
205 – 640 West Broadway, Vancouver, B.C. V5Z 1G4  
Local: Tel: 604-733-7705 Fax: 604-733-7730  
Toll Free: Tel: 888-816-5902 Fax: 888-816-5903  
E-mail: [mail@memsoc.org](mailto:mail@memsoc.org)  
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