

# Funeral Home Questionnaire



A Donate Life Organization

201 W. Coolidge Phoenix, AZ 85335

1-800-94-DONOR

Here at Donor Network of Arizona we take pride in the work that we do for our donors and donor families. We would like your feedback to help improve our process and to address your concerns in a timely manner. To help us better serve you, please complete this survey and return it to Donor Network of Arizona. Attention Melissa Gullede, Phone: 602-200-7514, Fax: 602-222-2201, Email: [melissaqu@dnaz.org](mailto:melissaqu@dnaz.org)

<b>Donor Name</b>	
<b>Donor Hospital</b>	
<b>Date of Donation</b>	
<b>Funeral Home</b>	
1. Did funeral home receive a courtesy call from? DNA / Funeral Home Liaison / No Call (circle all that apply)	
2. Were all family requests for viewing/service times met? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Was the donor body sutured, clean and dry upon arrival to the funeral home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Was the donor body embalmed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional comments / suggestions you may have to help DNA better serve your funeral home or your families.	

\_\_\_\_\_  
Funeral Director and License Number

\_\_\_\_\_  
Date