



New Client Information Form

Funeral Home Name: _____

How would you like for us to greet your clients upon answering?

What are your normal hours of operation for your location?

Do you have a flower room for after hour delivery? **YES** **NO**

When do you prefer to have flowers delivered?

Do you have a preferred florist to recommend?

What are your communication preferences for new death calls?

Email Text Phone Call All Methods

All pricing calls and communications will be transferred directly to the on-call funeral director. Do you have any requests or information to add?

All messages will be relayed by email, phone call, and/or text based on level of importance or priority. Do you have any requests to add?

Where would you like pre-need leads and sales information to be sent?
