



409 42nd Street ♦ Brooklyn, NY 11232

T: (718) 435-6700 ♦ F: (347) 384-2007 Cell: (347) 262-2744 ♦ (347) 458-2968

islamicintlfuneralservice@gmail.com
www.islamicinternationalfuneralservice.com

Decedent's Information's:

Decedent's Legal Name: _____

Aliases or AKA: _____

Date & Place of Death: _____

Decedent's Address (Number & Street): _____

City or Town, State & Zip Code: _____

County: _____

Apartment or Suite Number: _____

Place & Date of Birth: _____

Approximate Weight: _____

Social Security Number: _____ Unknown _____

Occupation & Industry (RETIRED NOT ACCEPTABLE):

Race: _____

Father's Name: _____

Mother's Full Maiden Name: _____

Surviving Spouse's Full Maiden Name: _____

Marital Status at Time of Death:

- Married Domestic Partnership Divorced Married, but separated Widowed
 Never Married Other: _____ Unknown

Education:

- 8th grade or less 9th-12th; no diploma High School Graduate or GED Some College Credits
 Associate's degree Bachelor's degree Master's degree Doctorate, Professional Degree or PhD

Ever in the US Armed Forces? YES NO



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Informant /Next of Kin's Information:

Legal Name: _____

Relationship to Decedent: _____

Email: _____

Phone Number: _____ 2nd Phone Number: _____

Home Address: _____

Arrangements:

Name of Masjid: _____

Address of Masjid: _____

Time of Prayer: _____

Type of Vehicle:

- YES (Please select from the options below) NO
- MiniVan Hearse: \$495.00 (Within 30 miles range. Additional mileage is \$5.00 per mile)
- Standard Hearse: \$595.00 (Within 30 miles range. Additional mileage is \$5.00 per mile)

Viewing:

- YES (Please select from the options below) NO
- Room A: Includes supervision (40-70 People) 1 Hour \$500.00
- Room A: Includes supervision (40-70 People) 2 Hours \$800.00
- Room B: Includes supervision (25-35 People) Per hour \$300.00

Wash:



Will your family participate in the religious wash? YES NO

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Casket Type:

<input type="checkbox"/> Pine wood Box 	<input type="checkbox"/> Casket  (Options available upon request)
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Burial Information:

Method of Disposition: Local Burial International Burial (Shipping)

Name of Cemetery: _____

Location of Cemetery: _____

Date of Burial: _____

Shipping Information:

Final Destination & Airport Name:

Name & Relationship of Person(s) Receiving Remains at Final Destination:

Address of Person(s) Receiving Remains at Final Destination:

Phone Number of Person(s) Receiving Remains at Final Destination:

* The City of New York Department of Health charges \$20.00 for EACH Certified Death Certificate Copy.
 * Pickup or Certified Mail EXTRA FEE.

Number of Certified Death Certificates Needed: _____