



409 42<sup>nd</sup> Street ♦ Brooklyn, NY 11232

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

[islamicintlfuneralservice@gmail.com](mailto:islamicintlfuneralservice@gmail.com)  
[www.islamicinternationalfuneralservice.com](http://www.islamicinternationalfuneralservice.com)

**Your Loved One's Information:**

Loved One's Legal Name: \_\_\_\_\_

Aliases or AKA: \_\_\_\_\_

Decedent's Address (Number & Street): \_\_\_\_\_

City or Town, State & Zip Code: \_\_\_\_\_

Apartment or Suite Number: \_\_\_\_\_

Place & Date of Birth: \_\_\_\_\_

Approximate Weight: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Occupation & Industry (RETIRED NOT ACCEPTABLE):  
\_\_\_\_\_

Race: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Surviving Spouse's Full Maiden Name: \_\_\_\_\_

Loved One's Marital Status:

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

Education:

- 8<sup>th</sup> grade or less     9<sup>th</sup>-12<sup>th</sup>, 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:**

- 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:**

- Room A: Includes supervision (40-70 People)       1 Hour \$500.00       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)

Do you Own a Grave?     No     Yes, Please provide a Deed with this form.

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: \_\_\_\_\_