RIYADH UL JANNAH FUNERAL HOME

MUSLIM CEMETERY OF SOUTH FLORIDA
17551 NW 137TH AVE., HIALEAH GARDENS, FL 33018

Tom Nicolette
Cell #: 786-473-7311 FAX: 1-877-352-8468
E/M: tanlfd48@gmail.com

April Van Devander
Cell #: 954-260-1775
E/M: aavlfd80@gmail.com

PLEASE PRINT CLEARLY

1. **INFORMATION SHEET –** This information is required for the death certificate. Please complete the form and **return it to us**.

2. **RELEASE –** Please complete this form, have it signed by the closest relative, and **return it to us.**

3. **BROWARD MEDICAL EXAMINER RELEASE –** Please complete this form, have it signed by the closest relative, and **return it to us.**

4. **COST SHEET –** Summary of pricing.

5. **SERVICE AGREEMENT –** Please review carefully, complete the form, have it signed by the closest relative, and **return it to us.**

6. **ACKNOWLEDGEMENT OF POSSIBLE DISINTERMENT –** Please review carefully, complete the form, have the **first line** signed by the closest relative, and **return it to us.**

7. **MAP –** Directions to our funeral home and cemetery.

****PLEASE COMPLETE AND RETURN THE FOLLOWING DOCUMENTS AS SOON AS POSSIBLE:**
Information Sheet, Release (both forms), Service Agreement, and Acknowledgement of Possible Disinterment.

Date and Time for ANY services will not be scheduled until ALL 5 forms are received!

Thank You, TOM

GHULAM: 954-294-4564 SADIA: 954-294-4530

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Information Sheet

PLEASE PRINT CLEARLY **E/Mail or Fax Back: As Soon As Possible**

*** ALL THE INFORMATION REQUESTED IS ABOUT THE DECEASED ***

NAME OF DECEASED: 1st_____**Mid**_____**Last**_____

PLACE OF DEATH: _____ **(that) PHONE #:** _____

ADDRESS (Where Death Occurred): _____

HOME ADDRESS OF DECEASED: _____ **HOME PHONE #:** _____

CITY: _____ **APT#:** _____ **STATE:** _____ **ZIP CODE:** _____

DATE OF BIRTH: - MONTH: _____ **DAY:** _____ **YEAR:** _____

SOCIAL SECURITY #: _____ **SEX:** _____

EVER IN THE U.S. ARMED FORCES ?: (CHECK) ☐ **YES** **NO** ☐ **WEIGHT:** _____ **LBS.**

PLACE OF BIRTH: _____

EDUCATION: (CHECK) ☐ **1st Thru 8th Grade** ☐ **9th Thru 12th no diploma** ☐ **High School Graduate**

☐ **Some College No Degree** ☐ **Associates Degree** ☐ **Bachelor's Degree** ☐ **Master's Degree** ☐ **Doctorate Degree**

OCCUPATION: _____ **INDUSTRY:** _____
***Before Retirement** ***Type of Business**

RACE: (CHECK) ☐**White** ☐**Black** ☐**Cuban** ☐**Jamaican** ☐**Haitian** ☐**American Indian** ☐**Mexican** ☐**Moroccan**

☐**Asian Indian** ☐**Middle Eastern** ☐**Pakistani** ☐**Chinese** ☐**Japanese** ☐**Puerto Rican** ☐**Egyptian** ☐**Turkish** ☐**Asian**

☐**Arab** ☐**Bangladeshi** ☐**Indian** ☐**West Indian** ☐**Trinidadian** ☐**Azerbaijani** ☐**OTHER:** _____

FATHER'S NAME OF DECEASED: _____

MOTHER'S NAME OF DECEASED: (BEFORE MARRIAGE) _____

MARITAL STATUS: (CHECK) ☐ **MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ **NEVER MARRIED**

NAME OF SPOUSE: _____

NAME OF SPOUSE: *(BEFORE MARRIAGE) _____

NAME OF THE PERSON PROVIDING THIS INFORMATION: _____
It Is Best To Put The Name Of The Spouse Certificate **This Name Will Appear On The Death**

ADDRESS: _____ **STATE:** _____

CITY: _____ **APT #:** _____ **ZIP CODE:** _____

RELATIONSHIP: _____ **PHONE #:** _____

YOUR E/M: _____ **YOUR FAX #:** _____

***AFTER THIS FORM IS COMPLETED, RETURN AS SOON AS POSSIBLE**

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RELEASE AUTHORIZATION

DATE: _____

THE UNDERSIGNED, BEING THE NEXT OF KIN OR GUARDIAN, HEREBY AUTHORIZE **RIYADH UL JANNAH FUNERAL HOME** AND ITS AGENTS TO:

TAKE POSSESSION OF: _____
** **NAME** of the Deceased **

YOU SIGN: _____
** This **MUST** be signed by the **CLOSEST RELATIVE** **

PRINT YOUR NAME: _____

YOUR RELATIONSHIP: _____
** To the deceased **

WITNESS: _____
** Anyone **

FUNERAL DIRECTOR: _____*Thomas A. Nicolette*_____

Office of Broward County Medical Examiner and Trauma Services
5301 S.W. 31 Avenue • Fort Lauderdale, Florida 33312-6619 • 954-357-5200 • FAX 954-327-6581

AUTHORIZATION FOR RELEASE AND REMOVAL

DECEDENT

Full Name: _____

Date of Birth: _____ Race: _____ Sex: _____

LEGALLY AUTHORIZED PERSON

Print Name: _____

Relationship to Decedent: _____

Address: _____ City: _____ State: _____

Telephone: _____ Email: _____

FUNERAL FACILITY

Name: _____

Address: _____ City: _____ State: _____

Telephone: _____ (If out of State) Local Funeral Facility: _____

WITNESS

Print Name: _____

Telephone: _____

INCOMPLETE OR ILLEGIBLE RELEASE AUTHORIZATIONS WILL NOT BE ACCEPTED BY THE MEDICAL EXAMINER'S OFFICE. "VERBAL" AUTHORIZATIONS WILL NOT BE ACCEPTED.

BY SIGNING BELOW, I CERTIFY THAT I AM THE "LEGALLY AUTHORIZED PERSON" AS DEFINED BY ***FLORIDA STATUTE 497.005(43)*** AND HEREBY AUTHORIZE THE BROWARD COUNTY OFFICE OF MEDICAL EXAMINER & TRAUMA SERVICES TO RELEASE THE REMAINS OF THE ABOVE-NAMED DECEDENT TO THE ABOVE-NAMED FUNERAL FACILITY.

_____ _____
Signature of Legally Authorized Person Date

_____ _____
Signature of Witness Date

PLEASE EMAIL COMPLETED AUTHORIZATION TO BODYRELEASE@BROWARD.ORG.
WE WILL EMAIL YOU WHEN THE BODY IS READY FOR RELEASE.

FS 497.005 (43) "Legally authorized person" means, in the priority listed: (a) The decedent, when written inter vivos authorizations and directions are provided by the decedent; (b) The person designated by the decedent as authorized to direct disposition pursuant to Pub. L. No. 109-163, s. 564, as listed on the decedent's United States Department of Defense Record of Emergency Data, DD Form 93, or its successor form, if the decedent died while in military service as described in 10 U.S.C. s. 1481(a)(1)-(8) in any branch of the United States Armed Forces, United States Reserve Forces, or National Guard; (c) The surviving spouse, unless the spouse has been arrested for committing against the deceased an act of domestic violence as defined in s. 741.28 that resulted in or contributed to the death of the deceased; (d) A son or daughter who is 18 years of age or older; (e) A parent; (f) A brother or sister who is 18 years of age or older; (g) A grandchild who is 18 years of age or older; (h) A grandparent; or (i) Any person in the next degree of kinship. In addition, the term may include, if no family member exists or is available, the guardian of the dead person at the time of death; the personal representative of the deceased; the attorney in fact of the dead person at the time of death; the health surrogate of the dead person at the time of death; a public health officer; the medical examiner, county commission, or administrator acting under part II of chapter 406 or other public administrator; a representative of a nursing home or other health care institution in charge of final disposition; or a friend or other person not listed in this subsection who is willing to assume the responsibility as the legally authorized person. Where there is a person in any priority class listed in this subsection, the funeral establishment shall rely upon the authorization of any one legally authorized person of that class if that person represents that she or he is not aware of any objection to the cremation of the deceased's human remains by others in the same class of the person making the representation or of any person in a higher priority class.

Bism Rabbik Foundation Inc.
Muslim Cemetery of South Florida
Muslim Cemetery of Miami-Dade
Riyadh-Ul-Jannah Funeral Home

بسم الله الرحمن الرحيم
Bism Rabbik Foundation Inc.
(A Not For Profit Florida Corporation)

17551 N.W. 137th Ave.
Hialeah Gardens, FL 33018
Phone: 305-798-3312
954-680-0209
Email: Bismrfinc@gmail.com
www.BismRabbikFoundation.org

Riyadh Ul Jannah Funeral Home
A Muslim Funeral Home for the Sole Use of Sunni Muslims

Price Summary

These prices are effective: January 1, 2026

The Foundation reserves the right to refuse service to any person as determined in its sole discretion.

	Adult	Child	Infant / Fetus
Basic Services of Funeral Director, Staff and Overhead (Includes 1 Death Certificate)	$600	$500	$400
Transportation of Remains to the Funeral Home (Within Dade or Broward County)*	$200 to $300	$200 to $300	$200 to $300
Preparation of the Body - Washing (Ghusl) and Shrouding (Kafan)	No Charge		
Supplies - Washing (Ghusl) and Shrouding (Kafan)	$400	$300	$150
Use of Facilities and Staff for Viewing at the Funeral Home	$500	$300	$150
Cemetery Package (Grave Space, Vault, Opening, Closing, Future Care & Maintenance)	$3800	$2200	$800
****Total:**	**$5500 to $5600**	**$3500 to $3600**	**$1700 to $1800**

*Please contact us for charges if the decedent is located outside of Dade or Broward County
**Minimum cost, final total depends on cost of transportation, any applicable fees & service charges

Miscellaneous Fees and Services

- Refrigeration (after 24 hours of receipt of remains, up to 72 hours) ..... $50 per day
- Storage (more than 72 hours) ..... $60 per day + transport
- Post Autopsy Preparation ..... $200 - $300
- Special Circumstances Handling Fee $300
- Additional Accommodation - Funeral $500
- Additional Accommodation - Cemetery $3000
- Cleaning Fee (Refundable) $200
- Large Attendance Fee (more than 25 people) ..... $600 to $1400
- Late Fee (for each 15 minutes, after 1 hour late, automatic $1,000 fee & services rescheduled) $250
- Special Hours Fee (Weekends, US Holidays & Religious Holidays) $500
- Accompany remains to and from a Mosque (Dade and Broward Counties) $1000
- Transportation to and from a Mosque (Dade and Broward Counties) $750
- Transportation Outside of Dade or Broward Counties ..... $200 + $3.50 per mile
- Receiving Remains from Another Funeral Home $1500
- Forwarding Remains to Another Funeral Home $1500
- Forwarding of Remains to Another Cemetery $1500
- Disinterment Fee $2800
- Reinterment Fee $2800
- Death Certificates (additional charge for international mailing) ..... $15 each
- Adult or Child Headstone (wholesale price plus) ..... 12" x 18" x 4" $600
- Child, Infant or Fetal Headstone (wholesale price plus) ..... 12" x 12" x 4" $500

Please Note: Riyadh Ul Jannah Funeral Home **DOES NOT** provide the following services: cremation, embalming, and interment out of state or abroad.

PAYMENT DUE AT TIME OF SERVICE. We accept Cash, Checks, and Credit Cards.
Please note: An additional 3% (in person) or 4% (over the phone) transaction fee applies when using a Credit Card.

17551 N.W. 137th Ave.
Hialeah Gardens, FL 33018
Phone: 305-798-3312
954-680-0209
Email: Bismrfinc@gmail.com
www.BismRabbikFoundation.org

SERVICE AGREEMENT

*Please be advised that this cemetery is available for use by Ahlus Sunnah Wal Jamaah **only***

Decedent	First Name	Middle Name	Last Name
Legally Authorized Person	First Name	Middle Name	Last Name

We would like to extend our heartfelt condolences on the loss of your loved one. We at Bism Rabbik Foundation, Inc. understand that navigating the interment process is an emotionally taxing affair. Please know that we will do our utmost to assist you in any way possible. To make this difficult situation easier, we ask that the Legally Authorized Person communicate on behalf of your/your family's needs and concerns.

To help you understand the process from beginning to end, please note the following:

_____ Initial 1. The Legally Authorized Person for the Decedent must authorize the removal of the Decedent from the place of death.

_____ Initial 2. The Legally Authorized Person must also provide information and execute several documents.

_____ Initial 3. Coordination of all arrangements shall be with the Legally Authorized Person, including the Ghusl (ritual washing) and interment.

_____ Initial 4. The Legally Authorized Person must arrive on time. Late fees shall be imposed at 15-minute increments. Late arrival by 45 minutes or more shall result in delay of interment until the following day and the imposition of an additional charge by the cemetery of $1,000.00. **NO EXCEPTIONS**.

_____ Initial 5. One person may accompany the Legally Authorized Person to the arrangement conference.

_____ Initial 6. Upon receipt of completed authorizations and payment, the Ghusl and shrouding will take place. One person may be permitted to observe the Ghusl. However, if the Decedent had an infectious disease within six months prior to death, no observation of the Ghusl is permitted. The Foundation, in its sole discretion, shall determine whether observation is permitted.

_____ Initial 7. After the completion of the Ghusl and shrouding, a short visitation will be provided for the family. However, if the Decedent had an infectious disease within six months prior to death, visitation will be only at the sole discretion of the Foundation.

_____ Initial 8. The Legally Authorized Person hereby certifies and warrants that the Decedent was **NOT** positive for COVID-19 or any other infectious or communicable disease at the time of death. In the event the Decedent had any infectious or communicable disease, and such information was not fully and accurately disclosed to the Foundation upon execution of this Service Agreement, the Legally Authorized Person shall be fully liable for any and all damages, losses, costs, claims, or expenses of any kind or nature whatsoever incurred by the Foundation as a result thereof.

_____ Initial 9. At the agreed-upon time, the Salat ul Janazah will be performed prior to the interment. **NO SPEECHES** are allowed.

_____ Initial 10. During interment, a maximum of three able bodied men (approved by the legally authorized person) are permitted to go into the crypt to help. Outside of the crypt, two staff members, one on each end, will assist in lowering the remains. Once the remains have been lowered into the crypt, the three approved men will be asked to exit the crypt to allow the two staff members to adjust the remains to be in the proper position.

_____ Initial 11. In accordance with Islamic etiquette, women will not be permitted at the grave site during the interment process. Once the interment is completed and the men have dispersed, the women will be permitted to visit the grave site and pay their respects.

______ Initial 12. The Foundation reserves the right, at its sole discretion, to stop, suspend, or cancel any funeral or cemetery service at any time, including during the service, if its rules, policies, procedures, or staff instructions are not followed, or if any individual's behavior becomes disruptive, disorderly, or unsafe. In such circumstances, the Foundation may refuse to provide any additional services. Refunds are not guaranteed; however, a partial refund may be considered at the Foundation's discretion. The Foundation shall not be liable for any damages, losses, or expenses arising from such suspension, cancellation, or refusal of services.

______ Initial 13. Natural flowers may be placed within the Cemetery and are subject to the approval of the Foundation. No planting is permitted. No stones, pebbles, picket fences, potted plants, photos, moments, candles, lights, incense or lo bahan, balloons, or stuffed animals are permitted. The Foundation reserves the right to remove any items described in this paragraph in its discretion.

______ Initial 14. To ensure consistency and compliance with Foundation standards, headstones may only be purchased through the Foundation. Purchases from third-party vendors are **NOT** allowed.

______ Initial 15. Compliance with the Rules and Regulations of the Foundation is mandatory. Failure to comply with the Rules and Regulations may result in our refusal to provide service or other sanctions as determined in the sole discretion of the Foundation.

______ Initial 16. Payment is required prior to service. We accept cash, checks, and all major credit cards. Please note that credit card payments are subject to a 3% processing fee for in-person transactions and a 4% fee for payments made over the phone.

By signing below, the Legally Authorized Person acknowledges and agrees to the foregoing requirements.

We appreciate your understanding during this challenging time.
Do not hesitate to contact us at (305) 798 - 3312 if you have any questions or concerns.

______________________________ Signature of Legally Authorized Person   ______________ Date

*** Please Note: The Foundation reserves the right to refuse service to any person as determined in its sole discretion.***

• •

Please identify the individual (yourself or someone else) who will be formally designated as the sole authorized representative for making all funeral and cemetery arrangements. This designated representative will be the sole point of contact for all communication and coordination regarding these services.

Name: ____________________________________

Phone Number: ____________________________

Relationship to Decedent: ______________________

If you are designating someone **other than yourself** as the sole point of contact, please fill in and sign the statement below:

By signing below, I agree that I ______________________________ authorize ______________________________ to speak to Bism Rabbik Foundation Inc. on my behalf to make funeral arrangements for ______________________________. I also understand that I will be responsible for any decisions they make on my behalf.

______________________________ Signature of Legally Authorized Person   ______________ Date

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Hialeah Gardens, FL 33018
Phone: 305-798-3312
954-680-0209
Email: Bismrfinc@gmail.com
www.BismRabbikFoundation.org

ACKNOWLEDGEMENT OF POSSIBLE DISINTERMENT

Decedent	First Name	Middle Name	Last Name
Legally Authorized Person	First Name	Middle Name	Last Name

I hereby acknowledge that if Decedent's remains are interred prior to the certification of the cause of death by the certifying physician, disinterment of Decedent's remains may be necessary. In such event I acknowledge that I am responsible for any and all costs associated with such disinterment and reinterment. Such costs may include, but not be limited to, fees for disinterment, professional services, transportation, storage and reinterment.

Signature of Legally Authorized Person	Date Signed
Signature of Interment Right Owner for Disinterment	Date Signed
Signature of Interment Right Owner for Reinterment	Date Signed

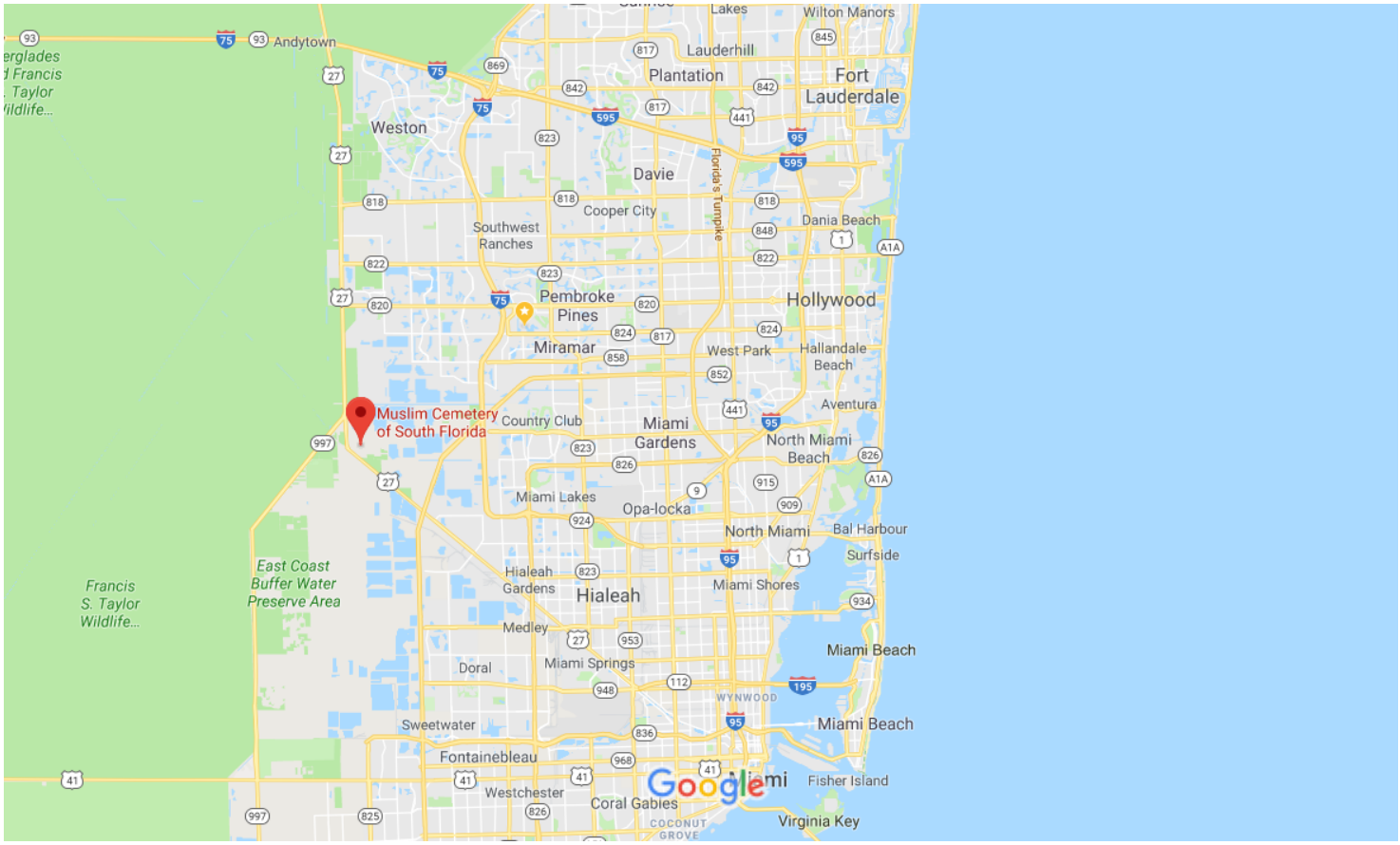
Google Maps

Muslim Cemetery of South Florida

RIYADH UL JANNAH FUNERAL HOME
17551 NW 137th Ave, Hialeah Gardens, FL 33018

Tom Nicolette 786-473-7311
Ghulam Dandia 954-294-4564

Exit off FL Turnpike, Go North on US 27 approx 1 mile. Pass Tra c light(154th). Keep going to 170th St & make Right.
Road will then curve to the left, make 1st Right. Funeral Home & Cemetery will be on Right side in 200 yards.



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