

# RIYADH UL JANNAH FUNERAL HOME

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

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

April Van Devander  
Cell #: 954-260-1775  
E/M: [aavlfd80@gmail.com](mailto: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. **COST SHEET** – Summary of pricing.
4. **SERVICE AGREEMENT** – Please review carefully, complete the form, have it signed by the closest relative, and return it to us.
5. **ACKNOWLEDGEMENT OF POSSIBLE DISINTERMENT** – Please review carefully, complete the form, have the first line signed by the closest relative, and return it to us.
6. **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 4 forms are received!**

Thank You, TOM

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

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**Fetal Information Form**  
Over 20 Weeks

Name of Fetus: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Death: _____	Weight of Fetus: _____ Lbs. _____ Oz's. _____ Grams
Place of Death (Facility Name): _____	County: _____
Fax # / E/M: (of Facility) _____	Phone #: (of Facility) _____
Address of Facility: _____	City: _____ State: _____ Zip: _____
Place were Delivery Occurred: <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Home <input type="checkbox"/> Other: _____	
Mother's (Maiden) Name: _____	Mother's Current Name: _____
Mothers Date of Birth: - Month: _____ Day: _____ Year: _____	Mothers Place of Birth: _____
Mothers Address: _____	City: _____ Apt # _____ State: _____ Zip: _____
Father's Name: _____	Father's Date of Birth: - Month: _____ Day: _____ Year: _____
<b>Family's Fax # or E/M:</b> _____ <b>Family's Phone #:</b> _____	
Mother Hispanic or Haitian: <input type="checkbox"/> Y <input type="checkbox"/> N	Father's Place of Birth: _____
Mother's Race: - (Circle) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other: _____	
Mother's Highest Degree of Education: - (Circle) <input type="checkbox"/> 8 <sup>th</sup> Grade <input type="checkbox"/> High School <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Unknown	
Did Mother get WIC Food for Herself During This Pregnancy? <input type="checkbox"/> Y <input type="checkbox"/> N Mother's Social Security #: _____	
Was Prenatal Care Received: <input type="checkbox"/> Y <input type="checkbox"/> N Date of First Prenatal Visit: - Month: _____ Day: _____ Year: _____	
Date of Last Prenatal Visit: - Month _____ Day: _____ Year: _____ Number of Prenatal Visits: _____	
Date of Last Live Birth: - Month: _____ Day: _____ Year: _____ or None	
Number of Previous Live Births: _____ Number Now Alive: _____ Number Now Deceased: _____	
Cigarette Smoking - Before and During Pregnancy: <input type="checkbox"/> Before Pregnancy: Number _____ <input type="checkbox"/> During Pregnancy: Number: _____	
Completed Weeks of Gestation: _____ Mother's Height: _____ Feet _____ Inches	
Mother's Weight before Pregnancy: _____ Lbs. Mother's Weight Gained During Pregnancy: _____ Lbs.	
Date of Last Normal Menses Began: - Month _____ Day: _____ Year: _____	
Single Birth: <input type="checkbox"/> Y <input type="checkbox"/> N If Not Single Birth: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	

SIGNATURE: \_\_\_\_\_

**\* PLEASE PRINT CLEARLY**

**\*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* \_\_\_\_\_

**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.**

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

\*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:** Riyad-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.**

## 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.

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.

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.

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.

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.

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

I also

understand that I will be responsible for any decisions they make on my behalf.

**Signature of Legally Authorized Person**

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Date

### 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.

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Signature of Legally Authorized Person

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Date Signed

---

Signature of Interment Right Owner for Disinterment

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Date Signed

---

Signature of Interment Right Owner for Reinterment

---

Date Signed



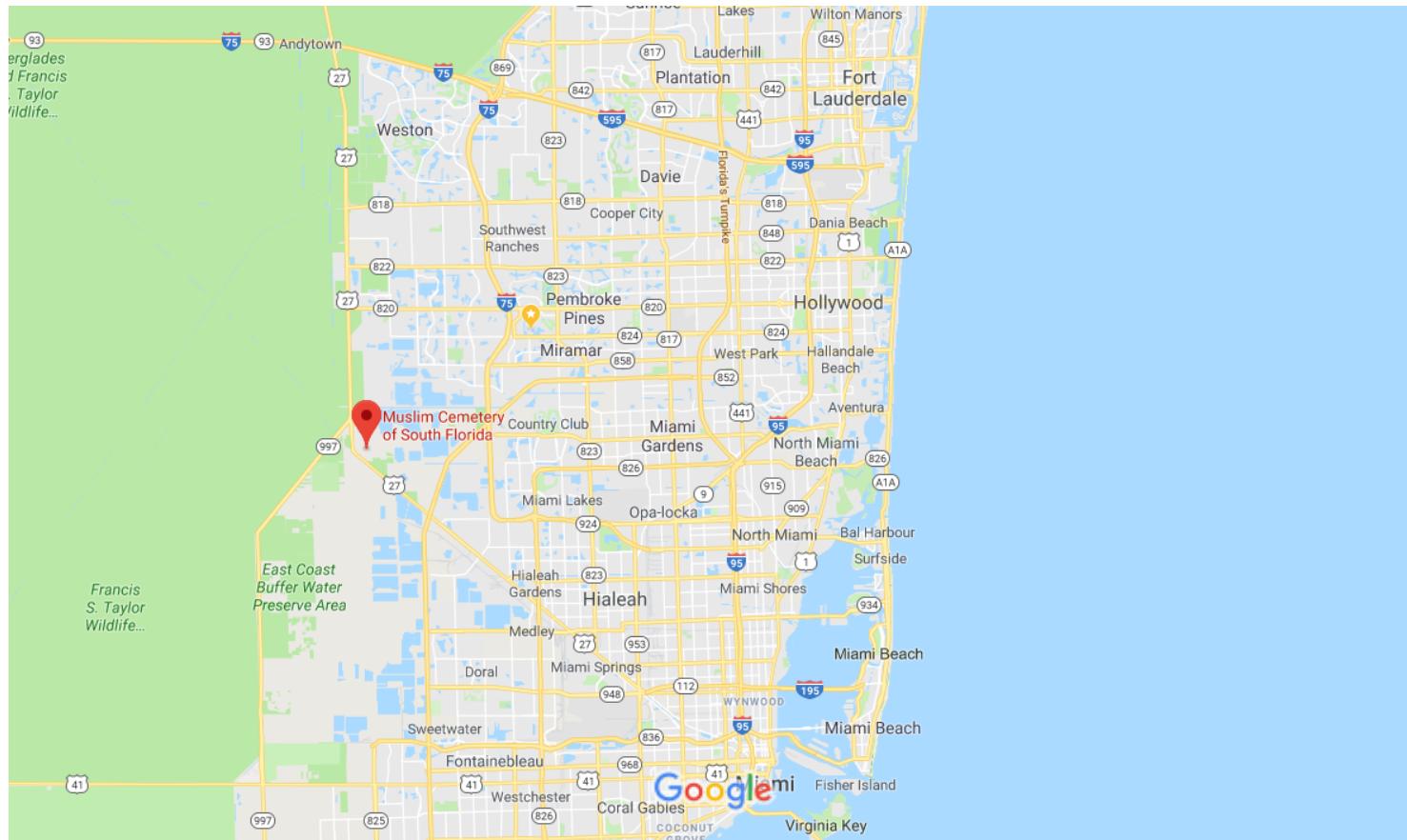
## Muslim Cemetery of South Florida

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 Traffic 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.



Map data ©2019 Google 2 mi

