

RIYADH UL JANNAH FUNERAL HOME
Muslim Cemetery of South Florida
17551 N.W. 137th Ave. Hialeah Gardens, Fl. 33018

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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 This Name Will Appear On The Death Certificate

ADDRESS: _____ **STATE:** _____

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

RELATIONSHIP: _____ **PHONE #:** _____

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