

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

**Tom: 786-473-7311 Fax: 1-877-352-8468**  
**E/M: tanlfd48@gmail.com**  
**April: 954-260-1775**

## Information Sheet

**PLEASE PRINT CLEARLY**

**E/Mail or Fax Back: As Soon As Possible**

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

**NAME OF PERSON:** 1<sup>st</sup> \_\_\_\_\_ 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) 1<sup>st</sup> Thru 8<sup>th</sup> Grade 9<sup>th</sup> Thru 12<sup>th</sup> 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 #:** \_\_\_\_\_