



HOUSE OF MERCY
All Muslim Cemetery
Foundation

House of Mercy, All-Muslim Cemetery

Personal Information

Part One; Name of "Informant" or "purchaser" of the burial site: (circle as appropriate)

Name: (first) _____ (last) _____

Address: _____ Relationship _____

Email _____ Tel _____ Cell _____

Type of Services: Burial _____ Funeral Service _____ Transport _____ Infants _____ Other _____

Part Two; Personal information of the owner of burial site or Deceased; Date: _____

Name: (first) _____ (Init.) _____ (last) _____

Date of Birth _____ Place of Birth _____ Sex _____ Age _____

Place of Death _____ Date of Death _____ Time _____

Race: _____ Social Security # _____ Education _____

Profession _____ Years residing in U.S. _____ Marital Status _____

Country of Origin _____ Served in U.S. Armed Forces _____

Residence _____

Street _____ City _____ County _____ State _____ Zip _____

How Long at Last Address _____ Inside City Limits _____

Father's Name _____ Alive _____ residing in _____

Last First Country

Mother's Name _____ Alive _____ residing in _____

Last First Country

Spouse _____ Address _____ Tel _____

Spouse Maiden name _____ Mothers Maiden Name _____

Health Insurance _____ Hospital _____ Tel _____

Physician _____ Tel _____ Address _____ NJA# _____

Comments _____

Part three; Immediate Family to Be Notified:

Name _____ Address _____

Relationship _____ Tel _____ Cell _____ Email _____

For Office use only

Grave: No. _____ Section _____ Contract No _____ Burial No _____ Date of Burial _____