



Vital Statistics Information

Legal LAST NAME of the Deceased:		Legal First Name of the Deceased:		Middle Name of the deceased:	
Home Address:					
Postal Code:					
Date of Birth: (DD-MMM-YY)		Age:		Gender:	
Marital Status:					
Date of Death: (DD-MMM-YY)		Alberta Health #		Social Insurance #	
Driver's License #					
Occupation before retirement:		Type of Business		Legal Last Name at Birth (Maiden Name)	
Place of Birth (City, Province, Country)		Place of Death		Place of Birth (City, Province, Country)	

Spouse's Legal Name at Birth:		Spouse's Date of Birth - DMY:		Spouse's Place of Birth (City, Province, and Country)	
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Father's LAST Name		Fathers First Name/s		Mother's LAST Name		Mother's First Name/s	
Father's DOB		Father's Place of Birth (City, Province, Country)		Mother's DOB		Mother's Place of Birth (City, Province, Country)	

NEXT OF KIN: By signing below, I verify the information that I have provided is truthful and accurate. I hereby give permission to the Muslim Council of Calgary Funeral Committee (MCC-FC) and or Muslim Association of Calgary (MAC) to transport, take care of the body, washing (Ghuzul), shrouding, funeral prayer, and burial of the deceased.

Name:		Email Address:		Phone #	
Home Address:				Postal Code	
Relationship to the Deceased:					
Preferred Funeral Date:		Preferred Mosque		Today's Date	
Signature:					

We need a **single person's contact information** that we may need to contact at any time, next of Kin is preferred but not necessary

Name:		Phone #		Email Address:		Relationship	
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Office Use ONLY

<i>Funeral Service Date:</i>		<i>Place of Funeral Service:</i>		<i>Imam Assigned to Funeral</i>		<i>Plot Assigned</i>	
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