



VITAL STATISTICS INFORMATION

LEGAL FIRST AND MIDDLE NAME OF THE DECEASED:		LEGAL LAST NAME OF THE DECEASED:	
HOME ADDRESS:		POSTAL CODE:	
DATE OF BIRTH: (DD-MM-YY)	AGE:	GENDER:	MARITAL STATUS:
DATE OF DEATH: (DD-MM-YY)	ALBERTA HEALTH #	SOCIAL INSURANCE #	DRIVER'S LICENSE #
OCCUPATION:	LEGAL LAST NAME AT BIRTH:	PLACE OF DEATH:	PLACE OF BIRTH (CITY & COUNTRY)

SPOUSE'S LEGAL NAME AT BIRTH:	SPOUSE'S DATE OF BIRTH:	SPOUSE'S PLACE OF BIRTH (CITY & COUNTRY)
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FATHER'S LEGAL NAME AT BIRTH:	MOTHER'S LEGAL NAME AT BIRTH:
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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, care, wash (Ghuzul) and shroud the body. As the *Next of Kin*, I authorize the Muslim Association of Calgary - Cemetery, to conduct the Funeral Service (funeral prayer and burial) for the deceased and accept full responsibility for payment of the minimum fee of **\$5,500.00**

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

FUNERAL SERVICE DATE:	PLACE OF FUNERAL SERVICE:	IMAM ASSIGNED TO FUNERAL:	PLOT ASSIGNED:
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