Muslim Association of Calgary

Muslim Council of Calgary

Muslim Community Foundation of Calgary

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)

FATHER'S LEGAL NAME AT BIRTH:		MOTHER'S LEGAL NAME AT BIRTH:	

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:

OFFICE USE ONLY

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