



(In the name of Allah, the most beneficent and merciful)

North Penn Mosque

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A nonprofit Religious Organization

Tax ID No: 23-2819188

State of Pa, Entity No: 2842078

May Allah Grant your deceased Jannah and May Allah Grant you and your loved ones Sabrun Jameel, Ameen. This information is required by the Pennsylvania State Health Department so we can file for her Death Certificates and Burial Permit.

1. We need the exact spelling of his/her Name: _____
2. Sex: **Male/Female** _____
3. His/her Social Security #: (if he does not have one, just put NONE, or UNKNOWN) _____
4. Last Age: _____
- 5 Date of Birth: _____
6. Date of Death: _____
7. Place of Death: _____
8. Place of Birth: _____
9. Deceased's Mailing Address: _____

10. Armed Forces? Y/N _____
11. Marital Status: Single / Widowed / Married / Divorced
12. If Married Husband/Wife Full name: _____
13. Father's name: _____
14. Mother's Full MAIDEN NAME: _____
15. The name of the informant: _____
16. Relationship to Deceased: _____
17. Informant's Address: _____
18. Method: **BURIAL**
19. Which Cemetery do you wish to bury your deceased? _____
20. Location of Cemetery: City / Town / State _____

21. Education: _____
22. Race: _____
23. Occupation: (Please don't put Retired or Unemployed, Put her last known occupation) _____
24. Kind of Industry: _____
25. Name and address of last employer: _____

How many death certificates do you want? Each death certificate is \$10 from the Pennsylvania State Health Department. _____

Signature: _____ Date: _____