



BALHAM MOSQUE FUNERAL FORM

Name of Deceased :			Gender	
Age :	D.O.B	Country of Origin :		
Place of Death :			Date of Death :	
Place of Collection :			Collected by :	
Coroner office :			Tel no:	
Place of Janaazah Salaat :			Salaat Lead by :	
Name of Cemetery:			Plot /grave no:	
Day& Date of Burial			Time:	
Payee of Cemetery charges:			Total Amount Paid	
BM Service Payment :			Amount Paid	
Name of Applicant :			Relationship to Deceased:	
Contact no :			Email	
Sign :			Date :	
For office use only :	Copy of green certificate	<input type="checkbox"/>	Death certificate	<input type="checkbox"/>
	Copy of Internment form	<input type="checkbox"/>	Balham Mosque Form	<input type="checkbox"/>
Name of official			Date	