

DECEASED NOTIFICATION



Islamic Society of Greater Valley Forge
958 N. Valley Forge Road
Devon, PA 19333
Tel: 610-202-3834

We make Dua to Allah (SWT) for the Maghfira of deceased and to Grant Jannatul-Firdouse to the departed soul and give patinece to love ones, Aameen.

Kindly fillout the following information about the deceased person. It is required by the Pennsylvania State Health Department to file for Death Certificates and Burial Permit.

ISGVF Coordinator: _____ **Contact #:** _____

To Be Completed By Family Representative	1.	Full Name (First, Middle, Maiden & Last)	
	2.	Date of Birth: (mm/dd/yyyy)	
	3.	Date of Death: (mm/dd/yyyy)	
	4.	Vetran (Circle One):	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	5.	Age:	
	6.	Male / Female (Circle One):	<input type="checkbox"/> Male <input type="checkbox"/> Female
	7.	Social Security (if doesn't have one, Write "Unknown")	<input type="checkbox"/> Unknown
	8.	Home Address (Street, Town, State & Zip):	
	9.	Authorized Representative:	
	10.	Relationship:	
	11.	Phone Number:	
	12.	Alternate Number or E-mail Address:	
	13.	Place of Body (Home/Hospital, and Address):	
	14.	Body Released by Hospital/Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	15.	Place of Birth (City and State, or Country):	
	16.	Nationality:	
	17.	Marital Status (Circle One):	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
	18.	Spouse Name (If wife Maiden name):	
	19.	Father's Name (First, Middle, Last, Suffix):	
	20.	Mother's Name (First, Middle, Maiden):	
	21.	Occupation (Kind of work did most of life):	
	22.	Highest Education Completed (GED, High School, College, etc.):	
	23.	Signed Liability Waiver on Page 2	Yes NO
To Be Completed By ISGVF	23	Funeral Home (Name):	
	24.	Funeral Home Address:	
	25.	Funeral Home Director/Contact Number:	
	26.	Date and Approximate Time Body Wash:	
	27.	Casket Type (Cardboard or Wood):	
	28.	Number of Death Certificate Needed:	
	29.	Name of Cemetery:	
	30.	Address of Cemetery:	
	31.	Burial Space to Use (location number):	
	32.	Date: / Time of Janaza Prayer:	
	33.	Place of Janaza Prayer:	
	34.	Person Leading Janaza Prayer:	
35.	COMMENTS:		

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36. Liability Waiver:

I _____, am the authorized and primary contact person for the family of the deceased. I am an adult (age 18+) and fully responsible for consulting with the family and/or making decisions on their behalf in matters related to the funeral and burial of the deceased.

The family of the deceased authorizes the ISGVF Cemetery Committee to assist them in making funeral and burial arrangements. The family agrees to hold the ISGVF Cemetery Committee and the entire ISGVF organization harmless from any claims or actions arising out of the Committee's participation in arranging funerals and burials, including expenses, errors, judgments, fines, settlements, or any other liability."

Signature

Date

To Be Used By ISGVF

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